Sílver Lake Specialized Care 275 Castleton Avenue Staten Island, NY 10301 (718) 447 - 7800

	Date:
Dr. a. B. Karron	
1	_
RE: Marion B.	Karron
Dear M. Korron	
Enclosed are the medical rec you need any further assistance plec	J
	Sincerely,
	Donas Garone
	Donna Barone

Medical Records

Subject:	BV	.00,200.1.01.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1
MEDFAX, PRELIMINARY RESU	LTS FOR: SILVERLAKE	Sun, Aug 31, 2008
	MARION KARRON	
Pind Another Facility Print Individua PATIENT NAME ROOM NO PROCEDU KARRON 130A CHEST-NO CHEST-NG PLACEMENT MED REC NO PATE COMPLETED Sun, Aug 31, 2008	URE PRELIMINARY	SUPERVISOR RESULTS
	Q9/1/21	

Subject:		
MEDFAX, PRELIMINARY RESULTS FOR:	SILVERLAKE	Tue, Jul 15, 2008
,	MARION KARRON	
Find Another Facility Print Individual Reports	21	UPER VISOR
PATIENT NAME ROOM NO PROCEDURE	PRELIMINARY	RESULTS
KARRON 130 CHEST C	COPD; CHRONIC BRONCHITIS; MILD CHF	= -
	NO PNEUMONIA; STATUS POST FRACHEOSTOMY	
MED REC NO		
DATE COMPLETED Tue, Jul 15, 2008		

· · M. Arow

Subject: MEDFAX, PRELIMINARY RESULTS FOR: SILVERLAKE Wed, Jul 16, 2008 KARRON MARION Find Another Facility Print Individual Reports **SUPERVISOR** PATIENT NAME ROOM NO PROCEDURE PRELIMINARY RESULTS KARRON 130 CHEST NG TUBE IS SEEN BADLY DUE TO DENCE CHEST MEDIASTINUM TISSUE; THE TIP OF NG TUBE IS SEEN AT THE LEVEL OF DISTAL **ESOPHOGUS** MED REC NO DATE COMPLETED Wed, Jul 16, 2008



MEDFAX, PRELIMINARY RESULTS FO	R: SILVERLAKE MARION KARRON	Tue, Jul 15, 2008
Find Another Facility Print Individual Reports PATIENT NAME ROOM NO PROCEDURE	PRELIMINAR Y	SUPER VISOR RESULTS
KARRON 130 CHEST	COPD; CHRONIC BRONCHITIS; MILD	
CHEST	NO PNEUMONIA; STATUS POST TRACHEOSTOMY	
MED REC NO		
DATE COMPLETED Tue, Jul 15, 2008		

IU. UIL VEIXE WXL.

A Super

Subject: Tue, Jul 15, 2008 SILVERLAKE MEDFAX, PRELIMINARY RESULTS FOR: KARRON MARION Find Another Facility Print Individual Reports SUPERVISOR PATIENT NAME ROOM NO PROCEDURE PRELIMINARY RESULTS KARRON 130 CHEST COPD; CHRONIC BRONCHITIS; MILD CHF; CHEST NO PNEUMONIA; STATUS POST TRACHEOSTOMY; GT TUBE IN PLACE MED REC NO

DATE COMPLETED Tue, Jul 15, 2008

A Viga

Page 1 of 1 2557886-123416

I ron, Marion N: 118244899 ...om:130A

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. MCCARTHY JOHN

R8234681E 1180102901 11/17/2008 11/18/08 11/19/2008 M 78

Hematology

Occult Blood, Stool

Negative Negative

These data are acceptable for the patient's clinical condition. No further follow up necessary at this time. DATE

These data will be monitored for further evaluation, see patient chart.

DATE ____

COMPLETE REPORT

Subject:

1 (800) XRAY-EXAM

MEDFAX PRECISION HEALTH INC

1 (800) 972-9392

PURTABLE ARATER	FURI		
		LAST NAME	FIRST NAME
Facility: SILVER LAKE NURSING HOME	Patient:	KARRON	MARION
Med Rec No:	Date of Birt	h:	Rm. No.: 237

DATE OF SERVICE: Mar 5, 2008

RIGHT ANKLE

The radiologic examination demonstrates evidence of osteoporosis and osteoarthritis. No fracture is identified.

IMPRESSION

Osteoporosis and osteoarthritis are seen. No fracture is observed.

ma

IMPRESSION

QA: CK

Radiologist: DR. VAYNSHELBAUM
This report has been electronically signed.

PHYSICIAN USE ONL	Υ	_
Results acceptable for patients condition, at this time no further follow up is recommended.	Monitor results for further evaluation, refer to progress notes.	0
MD 3/7/18 Date	MD Date	

MEDFAX, PRELIMINARY RESULTS FOR: SILVERLAKE

MARIAN KARRON

				IMARIAN	KARRON			
	ind Another Facilit	y I	rint Individual Report PROCEDURE		IMINARY		PERVISOR RESULTS	
KARI		130	CHEST		HT LOWER LOBE PI OST TRACHEOSTON			
MED F	REC NO							
DATE	COMPLETED	Mon, Jul	14, 2008			25		R. O
)						1 m27	J.X.	a odungo
							who was	+ or Jul
4						O)	io Crap	st t

Mon, Jul 14, 2008

Midr

Subject:

MEDFAX, PRELIMINARY RESULTS FOR:

SILVERLAKE Fri, Aug 29, 2008

MARION KARRON

Find Another Facility Print Individual Reports	QI ID	ERVISOR
PATIENT NAME ROOM NO PROCEDURE		RESULTS
KARRON 130 CHEST	THERE IS THE TUBE POSSIBLE NG TUBE	RAMSEL
CHEST	SEEN UP TO THE LEVEL OF THE KNOB OF	
	THE THORACIC AORTA	
MED REC NO	soll Tela	
DATE COMPLETED Fri, Aug 29, 2008	to repeated Ben	

(allen

TO: SILVENLANE Subject:

1 (800) XRAY-EXAM

MEDFAX PRECISION HEALTH INC

1 (800) 972-9392

mulsuay, obtabal 18, 2000 11.40 1 mil ag 2. 4 ci o

PORTABLE XRAY REPORT LAST NAME FIRST NAME Facility: SILVER LAKE NURSING HOME Patient: MARION KARRON Rm. No.: 130 Med Rec No: Date of Birth: DATE OF SERVICE: Oct 15, 2008

CHEST

Comparison with the 8/30/08 study now shows. The radiologic examination of the chest demonstrates right lower lobe pneumonia and chronic obstructive pulmonary disease.

IMPRESSION

Right lower lobe pneumonia and chronic obstructive pulmonary disease identified.

fm

IMPRESSION

QA: CK

Radiologist: DR. VAYNSHELBAUM This report has been electronically signed.

	PHYSICI	AN USE ONL	Υ		
Results acceptable for patients condition, at this time no further follow up is recommended.		Monitor results for progress notes.	or further eva	luation, refer to	
MD	Date			MD	Date

To: SILVERLAKE Subject:

0 10

From: FAXUSER

Wednesday, February 04, 2009 1:05 FW Page. 5 015

1 (800) XRAY-EXAM

MEDFAX PRECISION HEALTH INC PORTABLE XRAY REPORT

1 (800) 972-9392

		LAST NAME	FIRST NAME
Facility: SILVER LAKE NURSING HOME	Patient:	KARRON	MARION
led Rec No:	Date of Bir	th:	Rm. No.: 240
		THE RESERVE THE PERSON NAMED IN COLUMN 2 I	

DATE OF SERVICE: Feb 2, 2009

SACRUM AND COCCYX

Limited radiologic examination demonstrates the visualized bony structures to be intact. There is no evidence of fracture or dislocation. No osteomyelitis is present.

IMPRESSION

No fracture or osteomyelitis is present. The examination is limited.

fm

IMPRESSION

QA: CK

Radiologist: DR. SPRECHER

This report has been electronically signed.

PHYSICIAN USE ONLY						
Results acceptable for patients condition, at this time no further follow up is recommended.		Monitor results progress notes		luation, refer to		
	MD	Date		MD	Date	

MEDFAX PRECISION HEALTH INC

1 (800) 972-9392

cility: SILVER LAKE NURSING HOME	Patien	LAST NAME t: KARRON	FIRST NAME MARION	
d Rec No:	Date o	of Birth:	Rm. No.: 130	
DATE OF SERVICE: May 4, 2008 HEST				
omparison was made with 3/31/08. The radiologic neumonia.	examination of the chest	demonstrates COPI	and right lower lobe	
MPRESSION				
here is COPD. Right lower lobe pneumonia is iden	tified.			
Agles (Sales)	ζ			
ab				
MPRESSION				
QA: CK				
			_	
			,	
	Radiologist: Di	R. VAYNSHELBAUN	1	
	_	been electronically s		
PH	YSICIAN USE ONLY		· ·	
Results acceptable for patients condition, at this time no further follow up is recommended.	Moi		her evaluation, refer to	
MD Date		MIC	Date	
		IVIL	Date	

Subject:

1 (800) XRAY-EXAM

MEDFAX PRECISION HEALTH INC

1 (800) 972-9392

Facility: SILVER LAKE NURSING HOME Patient: KARRON MARION

Med Rec No: Date of Birth: Rm. No.: 130

DATE OF SERVICE: Mar 31, 2008

CHEST

The radiologic examination of the chest demonstrates the presence of COPD. There is no evidence of pneumonia, infiltrate, or infectious disease. A tracheostomy is present.

IMPRESSION

No active disease is seen. COPD is observed. There is a tracheostomy present.

ab

IMPRESSION

QA: CK

A Major

Radiologist: DR. SPRECHER

This report has been electronically signed.

	PHYSICIAN U	SE ONLY		
Results acceptable for patients condition, at this time no further follow up is recommended.		Monitor results for progress notes.	further eva	luation, refer to
MD	Date		MD	Date

MEDFAX PRECISION HEALTH INC PORTABLE XRAY REPORT

1 (800) 972-9392

lity: SILVER LAKE NURSING HOME	Patient:	LAST NAME KARRON	FIRST NAME MARION
Med Rec No:	Date of Bi		Rm. No.: 130
CHEST The radiologic examination of the chest demonstrates COPD and IMPRESSION COPD is noted. Right upper lobe pneumonia is identified.	right upper lobe	e pneumonia.	
ab			
,)			
		/AYNSHELBAUM	
	1	en electronically sig	ined.
Results acceptable for patients condition, at this time no further follow up is recommended.	Monito	or results for furthers notes.	er evaluation, refer to
Date		ND_	Date

1 (800) 972-9392

PRECISION HEALTH INC PORTABLE XRAY REPORT

LAST NAME

FIRST NAME

lity: SILVER LAKE NURSING HOME

Patient:

KARVON

MARION

Med Rec No:

Date of Birth:

Rm. No.: 130A

DATE OF SERVICE: Aug 31, 2008

CHEST

The radiologic examination of the chest demonstrates a tracheostomy to be present. COPD is noted. A nasogastric tube is seen in the gastric fundus.

IMPRESSION

A tracheostomy is present. There is COPD. There is a nasogastric tube in the gastric fundus.

dg

IMPRESSION

QA: CK

Radiologist: DR. SPRECHER

This report has been electronically signed. PHYSICIAN USE ONLY Results acceptable for patients condition, at Monitor results for further evaluation, refer to this time no further follow up is recommended. progress notes. MD Date MD Date

1 (800) 972-9392

LAST NAME

FIRST NAME

Espility: SILVER LAKE NURSING HOME

Patient:

KARRON

MARION

wied Rec No:

Date of Birth:

Rm. No.: 130A

DATE OF SERVICE: Aug 30, 2008

CHEST

Comparison with the 8/29/08 study now shows. The radiologic examination of the chest demonstrates the presence of COPD. There is no evidence of pneumonia, infiltrate, or infectious disease.

IMPRESSION

No active disease is seen. COPD is observed.

dg

IMPRESSION

QA: CK

Radiologist: DR. VAYNSHELBAUM

	PHYSICIAN	This report has been electronically signed. JSE ONLY 9/8/09	
eptable for patient further follow up	s condition, at is recommended.	Monitor results for further evaluation, refer t progress notes.	0
MD	Date	MD Data	

MEDFAX PRECISION HEALTH INC

ي .	PRECISION HEALTH INC		
	PORTABLE XRAY REPORT		
		LAST NAME	FIRST NAME
SILVER LAKE NURSING HOME	Patient:	KARRON	MARION
Med Rec No.	Date of Riv	th:	Rm No : 130

DATE OF SERVICE: Oct 15, 2008

CHEST

Comparison with the 8/30/08 study now shows. The radiologic examination of the chest demonstrates right lower lobe pneumonia and chronic obstructive pulmonary disease.

IMPRESSION

Right lower lobe pneumonia and chronic obstructive pulmonary disease identified.

fm

IMPRESSION

QA: CK

Molm

Radiologist: DR. VAYNSHELBAUM

This report has been electronically signed.

PHYSICIAN USE ONLY			
Results acceptable for patients condition, at this time no further follow up is recommended.	Monitor results for further evaluation, refer to progress notes.		
Date	Date		

1 (800) XRAY-EXAM	MEDFAX PRECISION HEALTH INC PORTABLE XRAY REPORT	1 (800) 972-9392		
Finality: SILVER LAKE NURSING HOME	Patient:	LAST NAME KARRON	FIRST NAME MARION	
Med Rec No:	Date of Bi		Rm. No.: 130A	
ATE OF SERVICE: Jul 18, 2008	ESTERNA PARTICIPATO CONTROL POR CONTROL PROPERTY CONTROL			
CHEST AND KUB FOR NASOGASTRIC TO	UBE PLACEMENT			
Comparison was made with 7/16/08. The rathe stomach.	adiologic examination demonstrates th	ne presence of a na	sogastric tube in	
IMPRESSION				
A nasogastric tube is seen in the stomach.				
)				
ab				
IMPRESSION			. ,	
QA: CK				
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			,	
)				
$\bigwedge \int$			× 1	
	Radiologist: DR. B	BEHEARIN	Q	

This report has been electronically signed.

	PHYSICIAN USE ONL	Υ		
Results acceptable for patients co this time no further follow up is re		Monitor results fo progress notes.	r further evaluat	ion, refer to
MD	Date		MD	Date

LAST NAME

FIRST NAME

Facility: SILVER LAKE NURSING HOME

Patient:

KARRON

MARION

M. TRec No:

Date of Birth:

Rm. No.: 130

ATE OF SERVICE: Jan 12, 2009

L. ÉST

Compared with 1/6/09 study now shows: Radiologic examination of the chest was performed and demonstrates a resolving right middle lobe infiltrate. Tracheostomy tube is seen in place.

IMPRESSION

Resolving right middle lobe infiltrate identified. Tracheostomy tube seen in place.

fm

IMPRESSION

QA: CK

Radiologist: DR. SPRECHER

This report has been electronically signed.

		PHYSIC	CIAN USE ONL	Υ		
	Its acceptable for patients co ime no further follow up is re	,		Monitor results for progress notes.	or further e	evaluation, refer to
/	MD	_Date			MD	Date

i.		

PORTABLE XRAY REPORT

Facility: SILVER LAKE NURSING HOME

LAST NAME

FIRST NAME

Patient:

KARRON

MARION

Med Rec No:

Date of Birth:

Rm. No.: 237

DATE OF SERVICE: Feb 19, 2008

CHEST

The radiologic examination of the chest demonstrates a tracheostomy to be present. COPD is noted. There is cardiomegaly. Mild congestive heart failure is seen.

IMPRESSION

A tracheostomy is present. COPD and cardiomegaly are observed. There is mild congestive heart failure.

ab

IMPRESSION

QA: CK

Radiologist: DR. SPRECHER

This report has been electronically signed. 110212010

PHYSICIAN USE ONL	Y MIAXIE
Results acceptable for patients condition, at this time no further follow up is recommended.	Monitor results for further evaluation, refer to progress notes.
Date	MDDate

MEDFAX

1 (800) 972-9392

MD____Date

Patient: Date of Birth	LAST NAME KARRON	FIRST NAN
		WAITION
A CONTRACTOR OF THE CONTRACTOR	:	Rm. No.: 130
		Marco of photos (ar. do 100 con 60 May 1990 Code, april 1990) 1982 (2010 Code)
diologic examination of t	he right ankle de	emonstrates severe
een.	3	
or dislocation is observ	red.	
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		* 2 .
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Dedictories DD OD	DECLIED	
_		aned.
	esults for furth	er evaluation, refer to
	Radiologist: DR. SPI This report has been N USE ONLY Monitor r	Radiologist: DR. SPRECHER This report has been electronically sign

MD____Date

MEDFAX PRECISION HEALTH INC PORTABLE XRAY REPORT

1 (800) 972-9392

Facility: SILVER LAKE NURSING HOME	Patient:	LAST NAME KARRON	FIRST NAME MARION
Rec No:	Date of B		Rm. No.: 130
DATE OF SERVICE: Jan 6, 2009 CHEST		god to regard to the control of the	
Compared with 11/19/08 study shows resolved right lower demonstrates a right middle lobe infiltrate and chronic obs			
IMPRESSION			
Right middle lobe infiltrate and COPD identified. Tracheos	stomy tube present.		
fm			
IMPRESSION			
QA: CK			
1			* 7
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	- \ \. Q		•
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	1100		
\bigvee			
	Radiologist: DR. S This report has be		ianed
		en electronically s	igriou.
Results acceptable for patients condition, at this time no further follow up is recommended.		or results for furt	her evaluation, refer to
MDDate		MD	Date
7			

MEDFAX PRECISION HEALTH INC

1 (800) 972-9392

PORTABL	E XRAY REPORT	freshing and the second se	
Facility: SILVER LAKE NURSING HOME	Patient:	LAST NAME KARRON	FIRST NAME MARION
1 Rec No:	Date of Birt		Rm. No.: 130
DATE OF SERVICE: Nov 19, 2008 CHEST	Date of Birt		
compared with 11/12/08 study shows no change. The radio disease and right lower lobe pneumonia. Patient is status	ologic examination revea	aled chronic obst	uctive pulmonary
IMPRESSION			
COPD and right lower lobe pneumonia present. Patient is	status post tracheostom	y.	
1			
,			
fm			
IMPRESSION			
QA: CK			
)			
			~
Ì			,
	Radiologist: DR. VA	YNSHFI BALIM	
	This report has been		ıned.
BHAGIO	AN USE ONLY	MUPI	1/24/08
Results acceptable for patients condition, at this time no further follow up is recommended.			er evaluation, refer to
MD_ Date		MD	Date
			- 0.00

SILVER LAKE SPECIALIZED CANE CENTER

DISCHARGE SUMMARY

NAME Tharvar Karron	
ATTENDING PHYSICIAN	
D. Cloke	
DATE OF ADMISSION FROM DATE OF DISCHARGE TO	
1/2/08 4/(3/09	
REASON FOR ADMISSION & PERTINENT HISTORY	
VORF EXA-fit	
COPD	
40 Malnutrition	
COURSE IN NURSING HOME WITH COMPLICATIONS, IF ANY:	
Cept admy for 7/02	
CONDITION, TREATMENT, MEDICATION, FINAL DISPOSITION ON DISCHARGE AN	
PROGNOSIS:	U
-Cardan and	
ETHIAL DIAGNOSIS ASSO	
FINAL DIAGNOSIS	
$\int \int \int \partial u du d$	
DATESIGNEDM.D.	

1 (800) 972-9392

PRECISION HEALTH INC FIRST NAME LAST NAME Facility: SILVER LAKE NURSING HOME MARION Patient: KARRAM Med Rec No: Rm. No.: 130 Date of Birth: PORTABLE XRAY REPORT DATE OF SERVICE: May 24, 2008 CHEST The radiologic examination of the chest demonstrates the presence of COPD. There is no evidence of pneumonia, infiltrate, or infectious disease. A tracheostomy is present. IMPRESSION No active disease is seen. COPD is observed. There is a tracheostomy present. ab **IMPRESSION** QA: CK Radiologist: DR. SPRECHER This report has been electronically signed. _PHYSICIAN USE ONLY -

Results acceptable for patients condition, at Monitor results for further evaluation, refer to this time no further follow up is recommended. progress notes. MD Date MD Date

Karron, Marion SML Code: 568146 Room:237A		Brooklyn Navy Yard, Building 292 63 Flashing Avenue, Breoklyn, New York 11295 718-552-1000 Fax 718-552-1022 Medical Director Patricia R, Romano, M.D.		SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301	
		Patricia A. Rom	enz , m D.		
		Director, Auatomic Sundara R. Sridha	Pathology r. M.D.	DR. KLAHR MART	'IN
		9 9			
Specimen #	Lab#	Date Collected	Date Received	Date Reported	Sex Age
R7404645X	105153	02/01/2008 PATIENT RESULT		02/04/2008	F
Test	Out of I	Range Witl	nin Range	Reference Range	Units
These data are accepta M.D.	in/Tazobact ** able for the patient's	Susce Susce Comments** clinical condition. No f	DATE	necessary at this time.	
These doto will be mo					
M.D.	nitored for further ev	valuation, see patient ch	art. DATE		
	nitored for further ev	valuation, see patient ch			

INCOMPLETE REPORT

Patient Information

1 (800) XRAY-EXAM	MEDFAX PRECISION HEALTH INC PORTABLE XRAY REPORT	,	1 (800) 972-9392		
Eacility: SILVER LAKE NURSING HOMI		LAST NAME KARRON	M	FIRST NAME	
wed Rec No:	Date of E	Birth:	Rm. No.:	130A	
CHEST Comparison was made with 7/18/08. The esophagus. A questionable nodule is see A right lower lobe infiltrate and tracheost. IMPRESSION NG tubo identified in the compares Office tubo identified in the compares Office.	een. Advise CT scan for evaluation. comy tube is identified.				
NG tube identified in the esophagus. Qualifiltrate and tracheostomy tube is observed.	uestionable nodule seen. Advise CT sca ved.	in for evaluation.	Right lower lo	be	
ABDOMEN The radiologic examination of the abdor IMPRESSION Fecal retention and ileus is observed.	men revealed fecal retention and ileus.				
	Radiologist: DR. S This report has be		signed.		

Results acceptable for patients condition, at this time no further follow up is recommended.

PHYSICIAN USE ONLY

Monitor results for further evaluation, refer to progress notes.

MD_____Date

Date

Karron, Marion SSN: 118244899 Poom: 130A



Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

> Medical Director Patricia R. Romano, M.D. Patricia R. Romano , M. D.

Page 1 of Account 202271810-106095

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. SCEUSA CARL

Specimen #	Lab #	Date Collected	Date Rece	ived	Date Reported	Sex	Age
R78295290	1090086601	06/08/2008 PATIENT RESULTS	06/09/	08	06/10/2008	F	78
Test	Out of F	Range With	in Range		Reference Range	Units	
Hematology Occult Blood, Stool		Negat:	ive	Neg	ative		
These data are acceptable for the patient's clinical condition. No further follow up necessary at this time. M.D. DATE These data will be monitored for further evaluation, see patient chart.							
M.D			DATE _				

M Gluly

Karron, Marion SSN: 118244899

R 1:130A



Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

> Medical Director Patricia R. Romano, M.D. Patricia R. Romano, M. D.

Page 1 of 1Account 212 274 99-10642

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. SCEUSA CARL

Specimen #	Lab#	Date Collected	Date Received	Date Reported	Sex Age
R78294375	1110136601	06/11/2008	06/11/08	06/12/2008	F 78
		PATIENT RESULTS	3		
Test	Out of R	Range With	in Range	Reference Range	Units
Hematology Occult Blood, Stool		Negati		egative	
These data are acceptal M.D.	, .		DATE	necessary at this time.	
These data will be mor	nitored for further eva	luation, see patient cha	rt. DATE		

J 0/13/0x

rron, Marion SSN: 118244899 Room:130A

Page 2 of 2 Acc210196140914ati91961775

Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

> Medical Director Patricia R. Romano, M.D. Patricia R. Romeno, M. D.

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

MC CARTHY

Specimen #	Lab #	Date Collected Date Receive		Date Reported	Sex Age
R7680806P	1100043102	04/10/2008	04/10/08	04/11/2008	F 77
	P	ATIENT RESULTS			
Test	Out of Rai	nge Within	n Range	Reference Range	Units
Hematocrit	L 32.3		34	.0-45.0	%
Platelets		310	15	0-450	x10^3/uL
	Re	quisition Para	meters		
Fasting? -					
NO These data are accept:	able for the patient's clir	nical condition. No fur	ther follow up nec	ressary at this time	
M.D.	acto for the patient 5 cm	nom condition. 110 Idi	DATE	cossary at this time.	
These data will be mo	nitored for further evalu	iation, see patient char	t.		
M. T.			DATE		

arron, Marion SML Code: 568146 Room: 237A Fiel Targeton

g 292

Page 1 of 1_{Accoun}L987635-938551

Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

Medical Director Patricia R. Romano, M.D.

DR. SCEUSA CARL

Specimen #	Lab#	Date Collected	Date Received	Date Reported	Sex	Age
R74046407	1901226	02/19/2008 09:00 AM	02/19/08	02/20/2008	F	
		PATIENT RESULTS				

Test

Out of Range

Within Range

Reference Range

Units

Diagnostic Immunology Microbiology

Clostridium difficile Toxin A & B Negative

Negative

These data are acceptable for the patient's clinical condition. No further follow up necessary at this time.

M.D.

DATE

These data will be monitored for further evaluation, see patient chart. M.D.

DATE

Rarrod, Maria
SML Code: 561672

Goom: 237A

Page 2 of 2 Activities 19081864

Brootlyn for a total teleplant of the state o

Specimen #	Just H	Pate Collectes	Mate Breeized	Date Reported	Sex Age		
R7404929G	2204302	01/22/2008 08:40 AM	01/22/08	01/22/2008	F		
Test	Complete I	PATIENT RESULTS Results Originall Range	y Reported o	on 01/22/2008 Reference Kange	12:04 PM		
Neutrophils, Al Lymphocytes, Al		5.5 1.2	1.6- 1.0-		x10^3/uL x10^3/uL		
Monocytes, Abs Eosinophils, Absolute	J.5	0.2	<1.0)	x10 ³ /uL x10 ³ /uL		
Basophils, Abs Platelets RDW-CV		0.1 288 13.8		-450)-16.0	x10^3/uL x10^3/uL %		
MPV	-tt- T	9.6 Requisition/Param		-13.0	fL		
P-sting? - No ese data are acceptab		- //		ssary at this time.			
esse data are acceptable for the patient's clinical condition. No further follow up necessary at this time. DATE These data will be monitored for further evaluation, see patient chart. DATE DATE							

Patient Information Page 1 of Account 11/9/5/3/03:1-920122 Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 Karron, Marion SILVERLAKE NH - STATS 718-552-1000 Fax 718-552-1022 SML Code: 568146 275 Castleton Avenue Medical Director Room: 237A Staten Island, NY 10301 Patricia R. Romano, M.D. DR. KLAHR MARTIN Director, Anatomic Pathology Sundara R. Sridhar, M.D. Date Collected Date Reported Lab# Date Received Specimen # R7404645X 105153 02/01/2008 02/01/08 02/04/2008 F PATIENT RESULTS Out of Range Reference Range Units Test Within Range agnostic Immunology Microbiology RULE OUT MRSA No growth No growth Lab Comments: No MRSA recovered BACTERIOLOGY Sputum Culture-In Process Gram Stain In Process Culture Result: In Process **Comments** These data are acceptable for the patient's clinical condition. No further follow up necessary at this time. M.D. DATE ese data will be monitored for further evaluation, see patient chart. 1...D.

rron, Marion SSN: 118244899

Room: 130A



Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

> Medical Director Patricia R. Romano, M.D. Patricia R. Romano, M. D.

Page 1 of 1Account 245 0942-117585

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. SCEUSA CARL

-	Specimen #	Specimen # Lab #		Lab # Date Collected Date Recei		Date Receive	d Date Reported	Sex	Age
	R8117585E	R8117585E 1		1250094202 09/2		09/25/08	3 09/26/2008	F	78
_				PATIENT	RESULTS				
Test			Out of Range		Within Range		Reference Range	Units	
Hematology Occult Blood, Stool				Negativ	re 1	Negative			
M	These data are accepta D. These data will be model.)	DATE	necessary at this time.		

Karron, Marion 'N: 118244899 5m:130A

Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

> Medical Director Patricia R. Romano, M.D. Patricia R. Romano M. D.

Page 1 of 1ccount 21-18-110-100723

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. SCEUSA CARL

Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex	Age
R7680707S	1210144101	04/19/2008 04/21/0		04/22/2008	F	77
	PA	TIENT RESULT	S			
Test	Out of Ran	ge Witl	nin Range	Reference Range	Units	

Hematology Occult Blood, Stool

Negative Negative

These data are acceptable for the patient's clinical condition. No further follow up necessary at this time. DATE These data will be monitored for further evaluation, see patient chart. M.D. DATE

Patient Information	Eniel	Page 2	2 of 2 Accau9555	7151714191216909	
Karron, Marion SML Code: 568146 Room:237A	63 Flushing Avenue, Brooklyn 718-552-1000 Fax 718 Medical Direct Patricia R. Romano, Patricia R. Romano, Director, Anatomic Pat	Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022 Medical Director Patricia R. Romano, M.D. Patricia R. Romano, M.D. Director, Anatomic Pathology Sundaya R. Sridhar, M.D.		- STATS Avenue NY 10301	
	Sundan R. Shonar, P				
Specimen # Lab #	Date Collected	Date Received	Date Reported	Sex Age	
R7404645X 105153	02/01/2008	02/01/08	02/05/2008	F	
	PATIENT RESULTS				
Test Out	of Range Within	Range	Reference Range Units		
))					
Ertapenem Moxifloxacin Piperacillin/Tazobact	**Comments**	tible tible			
Description City and Day Control of	**Requisition Comm	ents**			
Reported to: Silverlake NH - Stats at (These data are acceptable for the patier M.D.	ot's clinical condition. No fur	ther follow up no	ecessary at this time.		
These data will be monitored for further evaluation, see patient chart.					
M.D		DATE		6	

rron, Marion SSN: 118244899 Room:130A hiel

Page

2 of 2 Accor<u>202046028in</u>10523602

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. SCEUSA CARL

Medical Director Patricia R. Romano, M.D.

Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205

718-552-1000 Fax 718-552-1022

Patricia R. Romano M. D.

Specimen #	Lab #	Lab # Date Collected Date		1 Date Reported	Sex Age
R78295274	1010014101	06/01/2008	06/01/0	08 06/02/2008	F 77
	PA	TIENT RESULTS			
Test	Out of Rar	ge Within	Range	Reference Range	Units
)					
Monocytes%-DIF		7		2-10	00
Monocytes abs-I	DIF	0.9		0.1-1.0	x10^3/uL
-	**Re	equisition Comm	ents**		37 02
Accessioning:Non Fastin					
	Re	equisition Para	meters		
Fasting? -					
No					
These data are acceptable	le for the patient's cli	nical condition. No fur		p necessary at this time.	
M.D			DATE		
These data will be moni	tored for further eval	uation, see patient char	ct.		
M.D.			DATE		
)					

6/19

Karron, Marion J: 118244899 Room: 130



Page 2 of 2

Ac2018 41707 that 19832697

Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

Medical Director Patricia R. Romano, M.D. Patrice R. Romeno, M. D.

MCCARTHY

	Specimen #		Lab #		Date Co	llected	Date Rece	ived	Date Reported	Sex	Age	
	R7631237V		1310075703		03/33	1/2008 03/31/0		08	04/06/2008	F	77	
	PATIENT RESULTS											
Test Out of Range Within						Range		Reference Range	Units			
	Aerobic bottle test No growth after 5 days											
			**C	0	mments*	k						
			R	.e	quisitio	on Parar	neters					
	Fasting? -											
	Not Prov	V	ided									
	These data are accepta	bl	le for the patient's c	li	nical conditi	on. No furt	her follow i	ip nece	ssary at this time.			
]	M.D. DATE											
	These data will be monitored for further evaluation, see patient chart.											
]	M.D.						DATE					

ron, Marion SaN: 118244899

Room: 130A

Ac249454511401981029

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. SCEUSA CARL

Medical Director Patricia R. Romano, M.D.

Brooklyn Navy Yard, Building 292

63 Flushing Avenue, Brooklyn, New York 11205

718-552-1000 Fax 718-552-1022

Specimen #	Lab#	Date Collected	Date Received	Date Reported	Sex	Age
R81600961	1160088801	10/15/2008	10/16/08	10/19/2008	F 78	
		PATIENT RESULTS				
Test	Out of F	lange Within	n Range	Reference Range	Units	
Levofloxacin Vancomycin	ı	Suscept Suscept				
Linezolid Synergid		Suscept Suscept Resista	ible			

These data are acceptable for the patient's clinical condition. No further follow up necessary at this time.

Comments

DATE These data will be monitored for further evaluation, see patient chart. DATE

Karron, Marian L Code: 617316 bm:130A

Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

Medical Director Patricia R. Romano, M.D.

Patricia R. Romano, M. D.

Page 1 of Account Page 174-100719

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. MCCARTHY

Specimen #	Lab #	Lab# Date Collected Date Rec		eceived	Date Reported	Sex	Age
R7680805S	1210128401	04/19/20	08 04/2	1/08	04/22/2008	F	
		PATIENT RESU	LTS				
Test	Out of R	ange V	Vithin Range		Reference Range	Units	
)	*						
Hematology Occult Blood, Stool		Nega	ative	Neg	gative		
These data are accepta M.D. These data will be mon M.D.			DATE chart.	w up nec	essary at this time.	ψ i	
 			DATE				

Patient Information Page 2 of 2 Ac2114158222m110210898

ron, Marion SaN: 118244899 Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

Medical Director
Patricia R. Romano, M.D.
Patricia R. Romano, M. D.

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. SCEUSA CARL

Specimen #		Lab#		Date Co	llected	Date Rec	eived	Date Reported	Sex	Age
R7738360L	104	00089	901 (05/04	1/2008	05/04/	08	05/04/2008	F	77
			PATIE	NT	RESULTS					
Test		O	ut of Range		Within	Range		Reference Range	Unit	S
Monocytes abs-I Bands%-DIF Bands abs-DIF KE Morphology	DIF				0.6 3 0.4		0.1	-1.0	x10^3,	/uL
Hypochromia-DIE Polychromasia-I		H H	Slight Slight							
Fasting? -			**Requi	sitic	on Param	eters*	•			
No										
These data are acceptable	le for th	e patie	nt's clinical	condition	on. No furtl	ner follow	up nece	essary at this time.		

CAG

DATE

DATE

COMPLETE REPORT

The data will be monitored for further evaluation, see patient chart.

M.D.___



Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

> Medical Director Patricia R. Romano, M.D. Patricia R. Romano, M. D.

Page 1 of 1ccount 23552622-113190

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. SCEUSA CARL

Specimen #	Lab#	Date Co	ollected	Date Receiv	ved	Date Reported	Sex	Age
R7995765S	1140034101		4/2008	08/14/		08/15/2008	F	78
		PATIENT	RESULTS					
Test	Out of R	ange	Within	Range		Reference Range	Units	
Diagnostic Immun Microbiology Clostridium difficile Tox: & B (3)	in A		Negativ			ative		
These data are accepta M.D.				DATE	p nece	essary at this time.		
These data will be mo	nitored for further eva	aluation, see	patient char					
M.D			1	DATE _				
)								
	*	*COMPLET	E REPORT	**				

ron, Marion SSN: 118244899

Room:130A



Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

> Medical Director Patricia R. Romano, M.D. Patricia R. Romano, M.D.

Page 1 of 1Account 25/00 110 08-120388

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. SCEUSA CARL

	Specimen #		Lab	#	Date	Collected	Date Rec	eived	Date Reported	Sex	Age
	R8204862V	12	2004	4101	10/22/200	8 08:10 AM	10/22/	08	10/22/2008	F	78
					PATIENT	RESULTS					
	Test			Out of	Range	Within	Range		Reference Range	Units	
	Indocrinology Thyroxine (T4) T3-Uptake TSH 3rd Genera T3, Total T4, Free	tior	H L H	41.	1 TT	7.7 F		22.5 0.35 60-1 0.8-		ug/dL % uIU/mL ng/dL ng/dL ate as 10/07/0	08
-	These data are acceptab	ole for	the pa	tient's c	linical condi	tion. No furth	er follow u	ip neces	ssary at this time.		
M	.D.						DATE	•			
	The data will be mon	itored	for fu	rther eva	aluation, see	patient chart.					
\mathbb{N}	·						DATE _				

A Marjar

COMPLETE REPORT

Rep

Tarron, Marion SSN: 118244899

Room: 130A



Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

> Medical Director Patricia R. Romano, M.D.

Patrice R. Romens, M. D.

Page 1 of Account 2030 693 BB-112026

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. SCEUSA CARL

on closyl

Specimen #	Lab#	Date Collected	Date Received	Date Reported	Sex	Age
R7944585W	1030012301	08/03/2008	08/03/08	08/04/2008	F	78
	P	ATIENT RESULTS				
Test	Out of Rai	nge Withi	n Range	Reference Range	Units	S
Diagnostic Immuno Microbiology Clostridium difficile Toxi & B (2)	H Position A H toxin H and/o	or B		gative		
	ble for the patient's elin	nical condition. No fur	1	essary at this time.		
M.D. These data will be more	nitored for further evalu	nation, see patient char	DATE			
M.D.		and parton on a	DATE			
7. 1				-	20 me atr e	

W 8/6/W



Warron, Marion
 N: 118244899
 Noom:130A



Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

> Medical Director Patricia R. Romano, M.D.

Patrice R. Romens, M. D.

Page 1 of 1ccount 2359622-113190

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. SCEUSA CARL

Specimen #	Lab#	Date Collected	Date Recei	ved Date R	eported	Sex Age	
R7996114V	1140033401	08/14/200	8 08/14/	08 08/1	5/2008	F 78	
		PATIENT RESUL	ГS				_
Test	Out of R	ange Wi	thin Range	Reference	Range	Units	
No. of the contract of the con							
Diagnostic Immun Microbiology Clostridium difficile Tox:		Nega	tive	Negative			
These data are accepta M.D. These data will be mo	() X		חא חידי	up necessary at the	nis time.		_
M.D.			nart. DATE				
management of the second of th	- 4		_				_

Marron, Marion N: 118244899

130A



Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

> Medical Director Patricia R. Romano, M.D.

Patrice R. Romano, M. D.

Page 1 of 1ccount 2355962-113190

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. SCEUSA CARL

Specimen #	Lab#	Date Collected	Date Received	Date Reported	Sex A
R7995766P	1140035301	08/14/2008	08/14/08	08/15/2008	F 78
	PA	TIENT RESULTS			
Test	Out of Ran		n Range	Reference Range	Units
TOST	Out of Run	50 171111	ii Range	reference range	Omis
)					
iagnostic Immuno	ology				
icrobiology Clostridium		Magata	NT.		
difficile Toxi	n A	Negati	ve ne	egative	
& B (2)					
u / _ /					
	ole for the patient's clin	ical condition. No fu	rther follow up ne	ecessary at this time.	
hese data are acceptab. D.	ole for the patient's clin		DATE	ecessary at this time.	
These data are acceptable. DThese data will be mon	itored for further evalu	ation, see patient cha	DATE	ecessary at this time.	
These data are acceptable. DThese data will be mon	λ / λ	ation, see patient cha	DATE	ecessary at this time.	
These data are acceptable. DThese data will be mon	itored for further evalu	ation, see patient cha	DATE	ecessary at this time.	
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These data are acceptable. DThese data will be mon	itored for further evalu	ation, see patient cha	DATE	ecessary at this time.	

Farron, Marion N: 118244899

Koom: 130

Specimen #

Th

Date Collected

Date Received

Ac2084325at2896587

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

MCCARTHY

Date Reported

Medical Director Patricia R. Romano, M.D.

Brooklyn Navy Yard, Building 292

63 Flushing Avenue, Brooklyn, New York 11205

718-552-1000 Fax 718-552-1022

Patricia R. Romeno, M. D.

197.1					
R7680717N	1050016201	04/05/2008 11::	55 AM 04/05	5/08 04/05	/2008 F 77
		PATIENT RE	SULTS		
Test	Out of	Range	Within Range	Reference R	ange Units
Absolute Basophils, Abs. Platelets RDW-CV MPV		10	5 .3 .8	<0.3 150-450 11.0-16.0 8.0-13.0	x10^3/uL x10^3/uL % fL
A		Requisition	Comments**		
Accessioning:Non Fastin			7		
Fasting? - No		Requisition			
These data are acceptabl	e for the patient's	clinical condition.	No further follow	up necessary at this	time.
M.D			DATE	0 (

data will be monitored for further evaluation, see patient chart. M.D.

ron, Marion SSN: 118244899 Room: 130A



Page 1 of 1 Account 12/18/4/11/4/17/15-112221

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. MCCARTHY JOHN

Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

> Medical Director Patricia R. Romano, M.D. Patricia R. Romano M. D.

Specimen #
R7944678N

Lab#	
1050077	701

Date Collected	1
08/04/2	008

Date Received	Date Reported
08/05/08	08/06/2008

 Sex
 Ag

 F
 78

PATIENT

RESULTS

Test

Out of Range

Within Range

Reference Range

Units

Diagnostic Immunology
Microbiology

Clostridium difficile Toxin A & B (3)



Negative

These data are acceptable for the patient's clinical condition. No further follow up necessary at this time.

DATE

These data will be monitored for further evaluation, see patient chart. M.D.

DATE

N Stole

COMPLETE REPORT

Rer

Subject:

Precision Health / Medfax: Preliminary Results

Facility Name	Room No	Status
SILVERLAKE	130	COMPLETED
Last Name	First Name	Tel No
KARRON	MARION	718-447-7800
Procedure	Class	
CHEST	TODAY	Date Completed
Called Into	Reason Study	10/15/08

PRELIMINARY RESULT

RIGHT LOWER LOBE PNEUMONIA; COPD

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rron, Marion SN: 118244899 Room: 130A 1101 medical Taboratory

Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

> Medical Director Patricia R. Romano, M.D. Patricia R. Romano, M.D.

Page 2 of 2 According/7/8 in 10562050

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. SCEUSA CARL

Specimen #	Lab #	Date (Collected	Date Received	Date Reported	Sex Age
R78294367	1040035302	06/04/20	008 08:59 AM	06/04/08	06/04/2008	F 77
		PATIENT	RESULTS			
Test	Out of F	Range	Within R	ange	Reference Range	Units
MCHC			31.8	3	1.0-37.0	%
Neutrophils%	Н 82	. 0		4	0.0-70.0	%
Lymphocytes%	L 12	. 3		2	0.0-40.0	0,0 0,0 0,0 0,0
Monocytes%			3.7	2	.0-10.0	00
Eosinophils%			1.7	1	.0-4.0	0/0
Basophils%			0.3		.0-1.0	
Neutrophils, Ab		. 9			.6-7.8	x10^3/uL
Lymphocytes, Ab	S		1.6	1	.0-4.5	x10^3/uL
Monocytes, Abs			0.5		1.0	x10^3/uL
Eosinophils,			0.2	<	0.7	x10^3/uL
Absolute						
ophils, Abs.			0.0		0.3	x10^3/uL
katelets			363		50-450	x10^3/uL
RDW-CV			12.5		1.0-16.0	00
MPV			9.4		.0-13.0	fL
	* *	Requisit	tion Comme	nts**		
Accessioning:Non Fasting						
These data are acceptable	e for the patient's	clinical con	dition. No furth		ecessary at this time.	
M.D.				DATE		
These data will be monit	ored for further e	valuation, se	ee patient chart.			
M.D				DATE		

ron, Marion : 118244899

om:130A



Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

> Medical Director Patricia R. Romano, M.D.

Patrices R. Romeno M. D.

Page 1 of Account 20050002-111969

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. SCEUSA CARL

Specimen #	Lab#	Date Collected	Date Received	Date Reported	Sex	Age
R7944584Y	1020005701	08/02/2008	08/02/08	08/03/2008	F	78
	F	PATIENT RESULTS				
Test	Out of Ra	inge With	in Range	Reference Range	Units	
ers as for all a word and			range	10 10 10 10 10 10 10 10 10 10 10 10 10 1		

Diagnostic Immunology Microbiology Clostridium

Clostridium difficile Toxin A & B Positive for toxin A and/or B

Negative

These data are acceptable for the patient's clinical condition. No further follow up necessary at this time.

M.D.

DATE

These data will be monitored for further evaluation, see patient chart.

M.D.

DATE

10 14

Shiel Medical Laboratory

at Silver Lake Nursing Home 275 Castleton Avenue Staten Island, NY 10301

ARTERIAL BLOOD GAS REPORT

	CONTRACTOR OF THE PROPERTY OF	
NAME (Last, First	Karron, Ma	1200 Date 4/14/08 ID# 15354
TIME DRAWN	2155	[]AM DOM
)		
	IRMA TRupoint Blood Analysis System Patient Test Results SZN: 24908 Tested on 07/14/08 03:00 PM	VENTILATOR SETTINGS MODE (CIRCLE ONE) (AJC) SIMV CPAP T/C PS FIO2 45-55 . R.R. /2/ VT 500 ASSISTING RATE
	Cal Code LMZ-BUC-GLX Cartridge Lot EYTSX Test Number 2550	ETCO ₂ 5 / O ₂ ANALYZED 54/, PO 93/.
	Patient ID: 15354 Patient Temperature 98.6°C BP 771 mmH9 Measured 0 37.0 °C pH L 7.326 pC02 H 87.1 mmH9	REFERENCE RANGE pH 7.35 - 7.45 pCO ₂ 35 - 45 mmHg pO ₂ 80 - 100 mmHg HCO ₃ 22 - 26 mmHg tCO ₂ 22 - 29 mmHg BE-b -2 to +2 mmHg
· .	p02 82.1 mmHg Ref. Ranges pH 7.350-7.450 pC02 35.0-45.0 mmHg p02 80.0-100.0 mmHg Calculated Results HC03- 45.8 mm	BE-ecf -2 to +2 mmHg O_2 sat. 97.0 - 100 % COMMENTS:
	### ##################################	Roman of Para
Ì	Sample Info: Type: Arterial Site: Left Radial	REPORTED TO: Reportel C. Rango

bron, Marion SaN: 118244899

Specimen #



Date Collected

Page

Date Received

of 2

A (2(5)0(9)B(0)6Ha]i(2)0 8 5 8 4 9

Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

Medical Director Patricia R. Romano, M.D.

Patricia R. Romano M. D.

DR. SCEUSA CARL

Date Reported

R8205298T 12	260017203	10/26/2008	10/26/08 10/27/2	008 F 78			
		PATIENT RESULTS					
Test	Out of R	ange Within	Range Reference Rar	nge Units			
MCHC Neutrophils% Lymphocytes% Monocytes% Eosinophils% Basophils% Neutrophils, Abs Lymphocytes, Abs Monocytes, Abs Eosinophils, Absolute	H 83.8 L 9.3 H 8.6	32.0 4.3 2.2 0.3 1.0 0.4 0.2	31.0-37.0 40.0-70.0 20.0-40.0 2.0-10.0 1.0-4.0 0.0-1.0 1.6-7.8 1.0-4.5 <1.0 <0.7	% % % % % x10^3/uL x10^3/uL x10^3/uL x10^3/uL			
E pphils, Abs. Platelets RDW-CV MPV		0.0 229 14.9 9.8	<0.3 150-450 11.0-16.0 8.0-13.0	x10^3/uL x10^3/uL % fL			
Requisition Parameters Fasting? -							
No							
M.D.	-		er follow up necessary at this ti	me.			
These data will be monitored M.	for further eval	uation, see patient chart.	DATE				

SILVER LAKE SPECIALIZED CARE CENTER

CONSULTATION REQUEST AND RECORD

Barron Marion 130
DATE OF REQUEST: ATTENDING PHYSICIAN (REQUESTING CONSULT) TYPE OF CONSULTATION: DIAGNOSIS: ATTENDING PHYSICIAN (REQUESTING CONSULT) MCCarthy AND Bhayoni DIAGNOSIS: ATTENDING PHYSICIAN (REQUESTING CONSULT) MCCarthy AND Bhayoni DIAGNOSIS: ATTENDING PHYSICIAN (REQUESTING CONSULT) MCCarthy AND Bhayoni DIAGNOSIS: ATTENDING PHYSICIAN (REQUESTING CONSULT) AND Bhayoni DIAGNOSIS: ATTENDING PHYSICIAN (REQUESTING CONSULT)
REASON FOR CONSULTATION:
ATTENDING PHYSICIAN'S SIGNATURE:
REPORT OF CONSULTATION (Opinion & Recommendation)
· Resp towne
DCT do 8 chjed de dAmy
· Totosted viely
Ho 2mt
SIGNATURE OF CONSULTANT: DATE: $\sqrt{2/8/8}$ COUNTERSIGNED M.D.

Silver Lake Specialized Care Center Physical Therapy discharge Summary

Name: KARRON, MARION Room # 2374 Dr. KLAHR
Diagnosis: RESP. FAILURE, VENT-DEP, PNEUMON: A, COPD, A-F.B., MALMOTRITION Provided of Thorono: 4/22/48 to 2/27/48
Observations/Precautions: CARDIAL/REST. PRECAUTIONS, RESIDENT FORKLY COMPLIANTAMOS AGTATED AT TIMES.
Initial Eval Status:
PROM : WFZ (B) LE, (I) ANNIE (S) DF., (R) ANKLE FIXED, (B) UE: WFL
Strength MMT (BLE: GRESSLY FAIR, BUE GRESSLY FAIR
Bed mobility REG. CONTARET GUARDING
Transfers REA EXT PHY (A) OF Z
Balance STERNG (DYN): FO, (STATIC) FAIR
Ambulation NOW-AMBUATIONEY, WARRE TO VIANO.
Discharge Status:
PROM: UNCHAWEED.
Strength UNCHANGES.
Bed mobility CONTACT GUARDING
Transfers Ext. Phys. (A) OF Z
Balance SiTTING (HM): FO/Fain, WTATE): FAIR
Ambulation NOW-AMBULATARY, ABLE TO STAND I WALKER REG. EXT. Reason for discharge. AMBULATARY, ABLE TO STAND I WALKER REG. EXT. Reason for discharge.
Reason for discharge! So Sacs x 3 Thats.
Reason for discharge: All goals met Plateau reached Other LACK OF THOUSESS Plan: Floor Rom Other Other Other Other Other Other
Plan: Floor Rom Floor Amublation Other
Therapist Signature: M. Huf. P. Date: 3/3/48
MD Signature:

Shiel Medical Laboratory

at Silver Lake Nursing Home 275 Castleton Avenue Staten Island, NY 10301

	CONTROL CONTRO	AL BLOOD GAS REPORT
NAME (Last, First)	Karros, Ma	nion Date 4/0810# 1535
TIME DRAWN_	11:00	[XAM []PM
	IRMA TRUpoint Blood Analysis System Patient Test Results SYN: 24908 Tested on 07/15/08 11:09 Ar Calibration Successful	VENTILATOR SETTINGS MODE (CIRCLE ONE) (A/C) SIMV CPAP T/C PS FIO2 4/5-55 R.R. 6 VT 500 ASSISTING RATE /8
A STORY	Cal Code LMZ-EUC-GLX Cartridge Lot EYTSX Test Number 2552 Patient ID: 15354	ETCO ₂ 42 / O ₂ ANALYZED 46 / PO 46 /.
	Patient Temperature 36.7°C 98.8°F BP 777 mmH9 Measured J 37.0 °C pr h 7.692 pC02 _ 29.5 mmH9 p02 h 171.6 mmH9 Corrected to 36.7 °C ph h 7.697 pC02 _ 29.8 mmH9 p02 r 169.7 mmH9	REFERENCE RANGE pH 7.35 - 7.45 pCO ₂ 35 - 45 mmHg pO ₂ 80 - 100 mmHg HCO ₃ 22 - 26 mmHg tCO ₂ 22 - 29 mmHg BE-b -2 to +2 mmHg BE-ecf -2 to +2 mmHg O ₂ sat. 97.0 - 100 %
	Ref. Ranges pH 7.350-7.450 pC02 35.0-45.0 mmH9 p02 80.0-100.0 mmH9 Calculated Results HC03- 35.3 mm TC02 36.2 mm 88b 15.0 mm BEecf 15.3 mm 028at 99.5 % *tab for BEb 15.0 9/dL Sample Info: Type: Arterial	REPORTED TO: A. Messe

Left Radial

Sitel

Karrod, Maria

SML Code: 561672

Room: 237A

Aggiorna (

Page 1 of 2\ccoun(1928692-908186

Brooklyn Navy Vood, 3milding 322
63 Flushing Avenue Brooklyn Nav, Nook 11205
778-852-1008 (eps. 756-85) 1007

Medical Diseason Patricia P. Penedus (ed.D.) SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

MC CARTHY

Specimen #	Lyb, #	Date Collected	Date Received	Date Reported	Sex	Age
R7404929G	2204302	01/22/2008 08:40 AM	01/22/08	01/22/2008	F	

Complete Results Originally Reported on 01/22/2008 12:04 PM
Test

Complete Results Originally Reported on 01/22/2008 12:04 PM
Reference Range

Units

Lemistry					
Glucose (grey)	H	173		65-99	mg/dL
FASTINGFasting?No		Criteria for the di	agnosis of diabetes:		
(Fasting Glucose)					
<100 mg/dL: Norr	nal fast	ing glucose			
100-125 mg/dL: Im	paired	fasting glucose			
>125 mg/dL: India					
Ref: Diabetes Care	29:S43	-S48, 2006			
Urea Nitrogen	H	27		5-25	mg/dL
Creatinine			0.8	0.6-1.1	mg/dL
BUN/Creat Ratio	H	33.8		5.0-30.0	57
odium			142	133-146	mEq/L
btassium			4.8	3.4-5.4	mEq/L
nloride			101	94-113	mEq/L
Carbon Dioxide			31	19-31	mEq/L
Calcium			9.5	8.1-10.3	mg/dL
Endocrinology					31
Thyroxine (T4)			9.7	4.5-10.9	ug/dL
T3-Uptake	H	42.3		22.5-37.0	%
TSH 3rd Generation			2.78	0.35-5.50	uIU/mL
T3, Total			99	60-181	ng/dL
T4, Free			1.57	0.89-1.76	ng/dL
Hematology					3.
White Blood Count			7.1	4.0-11.0	x10^3/uL
Red Blood Count	L	3.59		3.80-5.40	x10^6/uL
moglobin			11.4	11.1-14.7	g/dL
ematocrit			35.0	34.0-45.0	100
CV			98	78-102	fL
MCH			31.0	27.0-31.0	pg
MCHC			32.6	31.0-37.0	10%
Neutrophils%	\mathbf{H}	77.0	/)	40.0-70.0	90
Lymphocytes%	L	16.9	/ /	20.0-40.0	00
Monocytes%			2.4	2.0-10.0	ماه ماه ماه ماه
Eosinophils%			2.7	1.0-4.0	00
Basophils%			1.0	0.0-1.0	00
		COMPLET	E REPORT		

SILVER LAKE SPECIALIZED CARE CENTER DEPARTMENT OF OCCUPATIONAL THERAPY

	Annual: Monthly re-eval: Re-admit: Change in status:
	Resident's Name: <u>Karron</u> , <u>Marion</u> Room: <u>237</u> MD: <u>Klahr</u> Diagnosis: <u>Vent</u> <u>Resp. Fail</u> , <u>PNEM</u> , <u>COPD</u> , <u>A-Fib</u> , <u>ETOH</u>
-	Change in ROM/StrengthYes No
-	Misident & no changes in orwall stringth
and complete	and endurance or halance.
-	
	Change in ADL/Functional StatusYesNo
and the same	
	Resident Continues & regione At B for all
- Constitution of the last of	ADI Juncturál publity
-	Change in Treatment Plan/GoalsYesNo
	Resident is consistently per compliant & Tx.
	No D's noted. Line Din level of Compliano on
	Juntunal abulition abulities - usedint may be d/c'd
	Additional Goals: fum ust pewices within Juliels
No management	redictional coals. July July July July July July
)	O.T. Signature Milena Casalino ORK Date: 2/19/08
	M.D. Signature Date: 2/19/08

"Shiel Medical Laboratory at Silverlake Mursing Home

275 Castleton Avenue, Staten Island, NY 10301

ARTERIAL BLOOD GAS REPORT

NAME (Last, First) Karron, Marion Date 1/23/08 ID# 15354

TIME DRAWN 5:50 [] AM MIPM

5.000 Phalys 5 Desièm Partent lest Results SZNI 24500

Tested on 8,723798 98:56 Pt

Calibration Successful

Sal Code | 117-BCL-wJ. Santhidge Lot | EXHDZ Test Number | 2133

Patient 10: 15354

Patient Temperature 36.1°C 97.8°F

3° 773 mmH9
Teasured & 37.8 °C
b- _ 7.342
b002 - 56.4 mmH9
b02 85.2 mmH9

7.35 of 7.35% pCD2 - 56.1 mm/g

Ref. Ranges p- 7.358-7.458 p-002 35.8-45.8 mm-9 p-002 88.8-188.8 mm-9

31.3 | COS- | 31.3 | nm | CO2 | 33.1 | nm | S5.7 | S60 | 3.6 | Nm | C28e: | 95.7 | 5

m to for 3Et - 5.0 g/du

ample info:

Type: Amberial Site: Right Racia.

1. 5 P		or oct	THES		
MODE (circle one)	(A/C)	SIMV	CPAP	T/C	PS
FiO2 35-45		51			
R.R. 14			9 X 3		
VT 500					
ASSISTING RATE					

	PEFERI	THOE PAROE
рН	7.35 - 7.45	
pCO ₂	35 - 45	mmHg
pO2	<u> </u>	mmHg
НСО3	22 - 26	mmHg
tCO2	22 - 29	mmHg
BE-b	-2 to +2	mmHg
BE-ecf	-2 to +2	mmHg
O2 sat.	97.0 - 100	%

COMMENTS:

Phyportal K. Scano

rron, Marion LN: 118244899



Page 2 of 2

Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

Medical Director Patricia R. Romano, M.D. Patricia R. Romeno M. D.

DR. SCEUSA CARL

	Specimen #		Lab #			Date Collected	Date I	Received	Date Reported		Sex		Age
	R8205298T	1	260017	203		10/26/2008	10/2	6/08	10/27/2008		F	78	
		,			PATI	ENT RESULT	S						,
	Test	***		out of I Rep		Wit Contains C	hin Range ritical		Reference Range		Units	S	
	MCHC Neutrophils% Lymphocytes% Monocytes% Eosinophils%		H L	83.	8	32.0 4.3 2.2		40.0 20.0 2.0 1.0	0-37.0 $0-70.0$ $0-40.0$ -10.0 -4.0	00 00 00 00 00			
	Basophils% Neutrophils, Lymphocytes, Monocytes, Ab Eosinophils, Absolute	Abs	Н	8.6		0.3 1.0 0.4 0.2		1.6		% X X	10 ³ / 10 ³ / 10 ³ /	/uL /uL	
	F pphils, Ab P telets RDW-CV MPV	S.				0.0 229 14.9 9.8		11.	3 -450 0-16.0 -13.0				
				R	eau:	isition Com	ments						
	Reported to: Silverlak	e NH	- Stats at	10/27	/08 C	9:57 AM							
	Requisition Parameters												
Fasting? - No													
]	These data are accepta M.D. These data will be mo		_ \	Λ Λ			DATE		ssary at this time.				
	M.D.		a for furth	ler eva	. \	on, see panent ch	DATE						
					\								

1 ron, Marion SSN: 118244899

Room: 130

Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

> Medical Director Patricia R. Romano, M.D. Patricia R. Romano, M. D.

Page 2 of 2 Ac@d@2@5Mat9976321

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. SCEUSA CARL

Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex Age
R7631228W	1110011801	04/11/2008	04/11/08	04/14/2008	F 77
		PATIENT RESULTS			
Test	Out of R	Range Withi	ı Range	Reference Range	Units
Ciprofloxa	cin	Resist	ant		
Tobramycin		Suscep			
Ceftazidim		Suscep			
Ampicillin	/sulbactam	Interm			
Cefuroxime		Suscep			
Levofloxac	in	Resist			
Cefoxitin		Suscep			
Cefepime		Suscep			
Aztreonam Imipenem		Suscep Suscep			
Geftriaxon	e	Suscep			
ricarcilli		Suscep			
Cephalothi		Resist			
Amikacin		Suscep	tible		
Cefotaxime		Suscep			
Ertapenem		Suscep			
Cefotetan		Suscep			
Piperacill.	in/Tazobact	Suscep	tible		
	* * C	omments**			
These data are accepta	able for the patient's cl	inical condition. No fur	ther follow up nece	essary at this time.	
M.D.			DATE		
	nitored for further eva	luation, see patient char			
M.D			DATE		

Shiel Medical Laboratory

at Silver Lake Nursing Home 275 Castleton Avenue Staten Island, NY 10301

ADTEDIAL BLOOD CAS DEDODT

	ANLAM	L DLUUD GAO REPURI
NAME (Last, First)	Karron, Marie	Date 4/14/08 ID# 1535
TIME DRAWN_	2,30	JAM PM
	IRMA TRUpoint Blood Analysis System Patient Test Results SZN: 24908	VENTILATOR SETTINGS MODE (CIRCLE ONE) (A/C) SIMV CPAP T/C PS FIO ₂ 45-55/2 R.R. /2/
	Tested on 97/14/08 02:35 Pm	VT 500 ASSISTING RATE
	Calibration Successful	
	Cal Code LMZ-EUC-GLX Cantridge Lot EVTSX Test Number 2549	ETCO ₂ 54 O ₂ ANALYZED 54 .
	Datient IB: 15354	REFERENCE RANGE
	Patient Temperature 37.0°C 98.6°C	pH 7.35 – 7.45 pCO ₂ 35 - 45 mmHg
	BP 771 mmHg	pO ₂ 80 - 100 mmHg
	Measured 0 37.0 °C Ph = 7.332 PCO2 n 82.2 mmHg	HCO3 22 - 26 mmHg tCO2 22 - 29 mmHg BE-b -2 to +2 mmHg
(444)	Ref. Ranges PH 7.350-7.458	BE-ecf -2 to +2 mmHg O ₂ sat. 97.0 - 100 %
	PC02 35.0-45.0 mmHg PC02 80.0-100.0 mmHg	COMMENTS:
	Calculated Results +CO3-	A Allow
	etab for BSb i5.6 g/dL ample info:	1 Aliahari
	Type: Arterial Site: Left Racia: (REPORTED TO: X. SHOLAMALL

SILVER LAKE SPECIALIZED CARE CENTER

CONSULTATION REQUEST AND RECORD

- Karon Marin 240
DATE OF REQUEST: ATTENDING PHYSICIAN (REQUESTING CONSULT) TYPE OF CONSULTATION: DIAGNOSIS: ATTENDING PHYSICIAN (REQUESTING CONSULT) ENT (DA Bhayani) DIAGNOSIS: ATTENDING PHYSICIAN (REQUESTING CONSULT) AND
REASON FOR CONSULTATION:
ATTENDING PHYSICIAN'S SIGNATURE: Klady Klady
REPORT OF CONSULTATION (Opinion & Recommendation) REPORT OF CONSULTATION (Opinion & Recommendation) Report of Consultation (Opinion & Recommendation)
No 8 DCT charged by thepris
Chrom Leaty
md Troub chy
BIGNATURE OF CONSULTANT: DATE: 4 7 0 77
COUNTERSIGNED M.D.

ron, Marion SSN: 118244899

Room:130A



Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

> Medical Director Patricia R. Romano, M.D. Patricia R. Romano , M. D.

Page 1 of Account 12/3/019/4/519-110556

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR.MCCARTHY

Specimen #	Lab#	Date Collecte	d Date Re	eceived	Date Reported	Sex	Age
R7944593X 12	21006100	1 07/21/2008 08	:25 AM 07/2	21/08	07/21/2008	F	78
		PATIENT RE	SULTS				
Test	Out o	f Range	Within Range		Reference Range	Units	
***		eport Contai:	ng Critical				
	THIE	eport contar.	is Clitted	value	. b		
Chemistry							
Glucose (grey)	H 1	18		65-	99	mg/dL	
FASTINGFasting?No	(Criteria for the diagno	sis of diabetes:			31	
(Fasting Glucose)							
<100 mg/dL: No							
100-125 mg/dL:							
> 125 mg/dL: Inc							
Ref: Diabetes Car					_	/ 7	
Urea Nitrogen Creatinine	H 2			9-2		mg/dL	
ectR (calculation)		.5			-1.1	mg/dL	
		oly EGFR result x 1.2	50	>60			
BUN/Creat Ratio		9.5		5 0	-30.0		
Sodium	11 1		10		-146	mEq/L	
Potassium			. 8		-5.5	mEq/L	
Serum Appearance			lear	Cle		шцул	
Chloride		9			109	mEq/L	
Carbon Dioxide	VH 3	6		20-		mEq/L	
Calcium	L 8	. 2		8.5	-10.4	mg/dL	
	*	*Poguigition	Damamatama	ale ale			
Fasting? -		*Requisition	rarameters				
No		1					
These data are acceptable for	the patient'	s clinical condition.	No further follow	w un nece	essary at this time		
M.D.			DATE	apoo.	the time time.		
These data will be monitored	for further	evaluation, see pati	ent chart.	-			
M. <u>)</u>		(1	DATE				

COMPLETE REPORT

Rep.

(B)

Patient Information

ron, Marion SSN: 118244899

Room: 130A

Fiel The Contract of the Contr

Page 1 of 1 Account 24 40 20 123 13 17 17 17 0

Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

Medical Director Patricia R. Romano, M.D.

Patricis R. Romeno, M. D.

DR. MCCARTHY JOHN

Specimen #	Lab#	Date (Collected	Date Reco	eived	Date Reported		Sex		Age
R80545231	1220084601	09/22/2008	3 09:40 AM	09/22/	08	09/22/2008	3	F	78	
		PATIENT	RESULTS							
Test	Out of	Range	Within	n Range		Reference Range		Uni	ts	
Hematology White Blood Count Red Blood Count	nt L 3.4	1 0	7.0		4.0-	11.0 -5.40		10^3, 10^6,		
Hemoglobin Hematocrit MCV	L 10 L 33	. 2	97		11.1	-14.7 -45.0		/dL		
MCH MCHC Neutrophils%	L 30	. 9	30.0		31.0 40.0	-31.0 -37.0 -70.0	Pholo olo	g		
Lymphocytes% Mc ocytes% E)nophils%			22.0 5.7 3.9		2.0-	4.0	00 00 00 00 00			
Basophils% Neutrophils, Abs Lymphocytes, Abs Monocytes, Abs			0.3 4.8 1.5 0.4		0.0- 1.6- 1.0- <1.0	7.8 4.5	X	10 ³ / 10 ³ /	uL uL	
Eosinophils, Absolute Basophils, Abs.			0.3		<0.7		X	10^3/ 10^3/	/uL	
Platelets RDW-CV MPV			272 14.3 10.5		150- 11.0 8.0-	-16.0	X % f:	10^3, L	uЬ	
These data are acceptable M.D. The data will be monitored.				DATE	p neces	sary at this time.				
M.L.			patient chart.	DATE						

Karron, Marion SML Code: 568146

Room: 237A

Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

> Medical Director Patricia R. Romano, M.D.

Director, Anatomic Pathology Sundara R. Sridhar, M.D.

Page 1 of Amount 11958641-921473

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY

DR. KLAHR MARTIN

Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex Age	
R7404645X	105153	02/01/2008	02/01/08	02/04/2008	F	
		PATIENT RESULTS				

Test

Out of Range

Within Range

Reference Range

Units

Col/mL

Lagnostic Immunology

Microbiology

RULE OUT MRSA

Lab Comments:

No MRSA recovered

No growth

No growth

BACTERIOLOGY

Sputum Culture-

Gram Stain

Culture Result:

Organism: Serratia marcescens: Many

ANTIBIOTIC

Tetracycline Trimeth/Sulfa

Ampicillin Nitrofurantoin

Gentamicin

Cefazolin

Amoxicillin/K Clav'ate

Ciprofloxacin

Tobramycin Ceftazidime

Ampicillin/sulbactam

Cefuroxime Levofloxacin

Cefoxitin Cefepime

Aztreonam Imipenem Ceftriaxone

Ticarcillin/Clav Ac Meropenem (C)

Cephalothin Amikacin

Cefotetan Cefotaxime In Process

In Process

See below

SENSITIVITY

Susceptible

Susceptible Resistant

Resistant

Susceptible Resistant

Resistant

Intermediate Susceptible

Resistant

Resistant Resistant

Susceptible

Susceptible

Susceptible Resistant

Susceptible

Resistant Intermediate

Susceptible

Resistant

Susceptible Susceptible

Resistant

ron, Marion 5.N: 118244899 Room: 130A

MPV

Siel medical laboratory

Page 1 of Account 21173418-100509

Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

Medical Director Patricia R. Romano, M.D. Patricia R. Romano M. D.

DR. SCEUSA CARL

	Specimen #	Lab #	Date (Collected	Date Received	Date Reported	Sex	Age
	R7680722W	1180035901	04/18/200	8 08:31 AM	04/18/08	04/18/2008	F	77
			PATIENT	RESULTS				
	Test	Out of I	Range	Within	Range	Reference Range	Units	
]	Hematology White Blood Co Red Blood Coun		1	8.0			x10^3/x10^6/x10^6/x10	
	Hemoglobin Hematocrit MCV MCH	L 9.8	\	96 29.6	34. 78-	1-14.7 0-45.0 102 0-31.0	g/dL % fL pg	
	MCHC	L 30.	8		31.	0-37.0	%	

Neutrophils% 62.8 40.0-70.0 26.5 Lymphocytes% 20.0-40.0 Monocytes% 6.1 2.0-10.0 lnophils% 1.0-4.0 Basophils% 0.3 0/0 0.0 - 1.0Neutrophils, Abs 5.0 1.6-7.8 x10^3/uL x10³/uL x10³/uL Lymph@cytes, Abs 2.1 1.0-4.5 Monocytes, Abs 0.5 <1.0 Eosinophils, 0.3 < 0.7 x10^3/uL Absolute Basophils, Abs. 0.0 x10^3/uL < 0.3 Platelets 222 x10^3/uL 150-450 RDW-CV 14.1 11.0-16.0 00

These data are acceptable for the patient's clinical condition. No further follow up necessary at this time.

M.D.

DATE

data will be monitored for further evaluation, see patient chart.

M..

DATE

8.4

Rupily

COMPLETE REPORT

fL

8.0-13.0

Karron, Marion SML Code: 568146 Room: 237A hiel

Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

> Medical Director Patricia R. Romano, M.D.

Patrice R. Romeno, M. D.

Director, Anatomic Pathology Sundara R. Sridhar, M.D. Page 1 of 2ccount 1955996-920564

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. SCEUSA CARL

Duta Pagairad Data Pa

Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex	Age
R7404653Y	20409401	02/02/2008	02/02/08	02/05/2008	F	
		PATIENT RESULTS				

г.

Out of Range

Within Range

Reference Range

Units

Col/mL

BACTERIOLOGY

Sputum Culture-Gram Stain

Culture Result:

Organism: Serratia marcescens: ANTIBIOTIC

Tetracycline
Trimeth/Sulfa
Ampicillin
Gentamicin
Cefazolin

Amoxicillin/K Clav'ate

Ciprofloxacin
Tobramycin
Ceftazidime
Ampicillin/sulbactam
Cefuroxime
Levofloxacin

Levofloxacin
Cefoxitin
Cefepime
Aztreonam
Imipenem
Ceftriaxone
Ticarcillin/Clav Ac

Meropenem (C)
Cephalothin

Amikacin
Cefotetan
Cefotaxime
Ertapenem
Moxifloxacin

Piperacillin/Tazobact

Few Gram positive rods Many Gram negative rods Few Polys Few Gram positive rods Many Gram ne Positive

Many

SENSITIVITY
Susceptible
Susceptible
Resistant
Susceptible
Resistant
Resistant
Intermediate
Resistant
Intermediate

Resistant
Resistant
Susceptible
Resistant
Susceptible
Resistant
Susceptible
Intermediate
Intermediate
Susceptible
Resistant

Susceptible Susceptible Intermediate Susceptible Susceptible

Resistant

Comments

"Shiel Medical Laboratory at Silverlake Mursing Home

275 Castleton Avenue, Staten Island, NY 10301

ARTERIAL BLOOD GAS REPORT

NAME (Last, First) TIME DRAWN	Karron, 5:50		_Date _	4	<u>28</u> ID	#_73	35	4
jamo Taca Alboc enales Partent jesi Szmi 2:	us bystem t Results	MODE (circ		AIC/	SMV	CPAP	T/C	·
Taka v kare	lerei	FiO2 25	-45					

		=	-
Cal Code			Mary
Cantridge	_01		EMHDZ

Calibration Successful

6.723769 98:58 PA

Test Municipal 2135

Patient Temperature

Bo		775	mm48
ressured	ξį.		6 (<u>T</u>)
<u> </u>		7.342	
0002		58.4	mmme
p02		85.2	Etchildi
Correcte	d 1.0	36.1 7.354	a 🗀
p0:02	-	56.1	mmms
D 02		80.4	mmeg
o- pC82 pO2 Connecte p+ pCS2	_	7.342 58.4 85.2 36.1 7.354 56.1	0° mmm9

₹∰₹.	Ranges.	
{□•	7,350-7.450	
00002	35,9- 45,8	amme
p02	88.8-188.8	mmhe
Caloud	ated Results	

Ja	loulated	Results	
	H003-	77 · 77	ON IN
	1002	33.1	m/α
171	HES	5. E	10^{11}
	3 <u>5</u> 90-	5.5	$\eta_{4} \sigma_{2}$
	028at	95.7	25

r -s for 35a :5.0 g/dL

	TRESTAL ATT	or set	HANKED SECTIONS		
MODE (circle one)	(A/C/	SIMV	CPAP	T/C	PS
FIO2 35-45					
R.R. 14				(a) - (a) (a) , (b)	
VT 500					

	REFER	Thoe range
рн	7.35 - 7.45	
pCO ₂	35 - 45	mmHg
pO ₂	80 - 100	mmHg
HCO ₃	22 - 26	mmHg
tCO2	22 - 29	mmHg
BE-b	-2 to +2	mmHg
BE-ecf	-2 to +2	mmHg
O2 sat.	97.0 - 100	%

COMMENTS: Reported 10. Scario

ron, Marion SSN: 118244899 Room: 130A

Patient Information

Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

Medical Director Patricia R. Romano, M.D.

Patricia R. Romano M. D.

DR. SCEUSA CARL

	Specimen#	Lab #	Date Collected	Date Received	Date Reported	Sex Age		
	R81600953	1150129301	10/15/2008 04:30 PM	10/15/08	10/15/2008	F 78		
			PATIENT RESULTS					
	Test	Out of F	Range Withir	Range	Reference Range	Units		
	Neutrophils% Lymphocytes% Monocytes% Eosinophils% Basophils% Neutrophils, Ab Lymphocytes, Ab Monocytes, Abs Eosinophils,			20.0 2.0 1.0 0.0 1.6		% % % % x10^3/uL x10^3/uL x10^3/uL x10^3/uL		
	Absolute Barphils, Abs. P lelets RDW-CV MPV	L 7.2	0.0 233 15.4	11.	3 -450 0-16.0 -13.0	x10^3/uL x10^3/uL % fL		
I	BACTERIOLOGY Blood Culture- Culture Resul Anaerobic bot Aerobic bottl	tle test e test	In Process In Pro In Pro In Pro	cess				
N	**Comments** **Requisition Comments** Accessioning:Non Fasting These data are acceptable for the patient's clinical condition. No further follow up necessary at this time. DATE These data will be monitored for further evaluation, see patient chart. M. DATE							

INCOMPLETE REPORT

Repr

marron, Marion SSN: 118244899 Room: 130A



Page 2

of 2

Ac249812801a11011968507

Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

> Medical Director Patricia R. Romano, M.D.

Patrice R. Romens, M. D.

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. SCEUSA CARL

	Specimen #		Lab#		Date C	ollected	Date Rece	ived	Date Reported	Sex		Age
	R81600953	11	501293	301	10/15/2008	04:30 PM	10/15/	0.8	10/21/2008	F	78	
					PATIENT	RESULTS	, , , , ,					
	Test		. C	Out of I	Range	Within	Range		Reference Range	Un	its	
	Neutrophils% Lymphocytes% Monocytes% Eosinophils% Basophils% Neutrophils, Ak Lymphocytes, Ak Monocytes, Abs Eosinophils, Absolute		H L	82. 11.		5.6 1.1 0.2 5.5 0.4 0.1		20.0	-1.0 -7.8 -4.5	% % % % x10^3 x10^3 x10^3 x10^3	/uL	
	P phils, Abs. P. telets RDW-CV MPV	•	L	7.2		0.0 233 15.4				x10 ³ x10 ³ % fL		
Ε	BACTERIOLOGY Blood Culture- Culture Result: Anaerobic bottle test Aerobic bottle test **Comments** No growth after 5 days											
IV.	**Requisition Comments** Accessioning:Non Fasting These data are acceptable for the patient's clinical condition. No further follow up necessary at this time. DATE These data will be monitored for further evaluation, see patient chart. DATE											



ron, Marion SSN: 118244899

Room: 130A

Page 1 of 2\ccount24449842-116817

Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

> Medical Director Patricia R. Romano, M.D.

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. SCEUSA CARL

Specimen #		Lab #	Date	Collected	Date Recei	ved	Date Reported	Sex		Age
R80546033	13	180073401	09/	17/2008	09/18/0	8 0	09/22/2008	F	78	
	,		PATIENT	RESULTS						,

Test

Out of Range

Within Range

Reference Range

Units

Col/mL

BACTERIOLOGY

Wound Culture-GI Tube	site	See below
Culture Result:		See below
	1 1 1	2.0

ANTIBIOTIC SENSITIVITY

Organism: Providencia stuartii: Many Tetracycline Resistant Trimeth/Sulfa Resistant Ampicillin Resistant Cefazolin Resistant Amoxicillin/K Clav'ate Resistant Liprofloxacin Resistant Tobramycin Resistant Ceftazidime Intermediate

Ampicillin/sulbactam Resistant Cefuroxime Resistant Levofloxacin Resistant Cefoxitin Susceptible -Cefepime Resistant Aztreonam Susceptible Imipenem

Intermediate Ceftriaxone Intermediate Intermediate Ticarcillin/Clav Ac Meropenem (C) Susceptible -Cephalothin Resistant Amikacin Susceptible Cefotetan Susceptible -

Cefotaxime Intermediate Moxifloxacin Resistant Piperacillin/Tazobact Susceptible

Comments

rron, Marion L.N: 118244899

Room: 130A



Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

> Medical Director Patricia R. Romano, M.D. Patricia R. Romano, M.D.

Page 1 of 2:count 12/20/46/218-105236

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

Specimen #	Lab#	Date Collected	Date Received	Date Reported	Sex	Age
R78295274	1010014101	06/01/2008	06/01/08	06/02/2008	F	77
		PATIENT RESULTS				
Test	Out of	Range Within	n Range	Reference Range	Units	
<100 m 100-125 >125 m		riteria for the diagnosis of di lucose g glucose petes		-99	mg/dL	
Urea Nitroger		16	9-2	2.2	ma / dT	
Creatinine eGFR (calcula	L 0.	5 > 60		5-1.1	mg/dL mg/dL	
Bu /Creat Rat		.5	5.0	0-30.0		
Sodium Potassium Serum Appeara Chloride	ince	144 4.6 Clear 99	132 3.5 Cle	2-146 5-5.5 ear -109	mEq/L mEq/L	
Carbon Dioxid			20-		mEq/L	
Calcium	L 8.	2	8.5	5-10.4	mg/dL	
Hematology		_				
White Blood C Red Blood Cou Hemoglobin Hematocrit		51 .0	3.8 11.	0-11.0 30-5.40 1-14.7 0-45.0	x10^3/ x10^6/ g/dL %	uL uL
MCV MCH M ; Platelets RDW-CV MPV Manual Different	L 30	94 28.6 .4 272 13.1 9.6	78- 27. 31. 150 11.	-102 0-31.0 0-37.0 0-450 0-16.0	fL pg % x10^3/ % fL	uL
Neutrophils%- Neutrophils a Lymphocytes%- Lymphs abs-DI	DIF H 85 bs H 11 DIF L 8 F	.0 **COMPLETE REPORT)L 20- 1.0	5-7.8 40	% x10^3/1% x10^3/1	

Marron, Marion SML Code: 568146

Room:237A

Miel

Page 2 of 2

of 2 Ac20101651710m94196404

Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

Medical Director
Patricia R. Romano, M.D.

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. KLAHR MARTIN

Specimen #	Lab#	Date Collected	Date Received	Date Reported	Sex	Age
R75446182	2600877	02/26/2008 06:00 AM	02/26/08	02/29/2008	F	

Test

PATIENT RESULTS
Complete Results Originally Reported on 02/29/2008 02:57 PM
Within Range Reference Range Units

Gentamicin Susceptible Cefazolin Susceptible Amoxicillin/K Clav'ate Intermediate Ciprofloxacin Resistant Tobramycin Susceptible Ceftazidime Susceptible Ampicillin/sulbactam Resistant Cefuroxime Susceptible Levofloxacin Resistant Cefoxitin Susceptible Cefepime Susceptible Aztreonam Susceptible Imipenem Susceptible Ceftriaxone Susceptible Ticarcillin/Clav Ac Intermediate Cephalothin Intermediate Cefotaxime Susceptible Ertapenem Susceptible Piperacillin/Tazobact Susceptible Amikacin Susceptible Cefotetan Susceptible

Comments

These data are acceptable for the patient's clinical condition. No further follow up necessary at this time.

DATE

These data will be monitored for further evaluation, see patient chart.

M.D.

DATE



rron, Marion SSN: 118244899 Room:130A



Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

> Medical Director Patricia R. Romano, M.D. Patricia R. Romano, M. D.

Page 1 of 2ccount 2020 12/17/18-105620

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

Specimen #	Lab#	Date	Collected	Date Receiv	ed	Date Reported	Sex	Age
R78294367	104003530	2 06/04/20	08 08:59 AM	06/04/	08	06/04/2008	F	77
		PATIENT	RESULTS					
Test	Out	of Range	Within	Range	Re	ference Range	Units	
Chemistry Glucose			96		65-99)	mg/dL	
(Fasting GI < 100 mg/c 100-125 mg/c > 125 mg/c	the diagnosis of diagnoses of diagnoses did: Normal fasting g/dL: Impaired fastidL: Indicative of diagnoses Care 29:S43-S48	glucose ing glucose abetes						
Urea Nitrogen			16		9-23		mg/dL	
Creatinine eGFR (calculat For African		. 4 olv EGFR resul	>60 t x 1.2		0.6-1 >60	1	mg/dL	
Bad/Creat Rati	\circ H $\overset{'}{4}$	0.6			5.0-3	0.0		
Sodium Potassium Serum Appearan Chloride Carbon Dioxide Calcium	ce		143 4.5 Clear 105 29 8.7		132-1 3.5-5 Clear 99-10 20-31 8.5-1	.46 5.5 :	mEq/L mEq/L mEq/L mEq/L mg/dL	
Protein, Total Albumin Globulin A/G Ratio		. 8	2.8		6.0-8 3.2-4 1.9-4 1.0-2	8	g/dL g/dL g/dL Ratio	
Alkaline Phosphatase ACT (SGOT) (SGPT)	н 1 Н	48	20 32		45-12 13-40 10-49	í	IU/L IU/L IU/L	
Bilirubin, Tot Hematology	al L 0	. 2	0.2		0.3-1		mg/dL	
White Blood Co Red Blood Coun Hemoglobin Hematocrit MCV MCH	t L 3 L 9	3.4 .21 .7 0.5	95 30.3 TE REPORT	**	4.0-1 3.80- 11.1- 34.0- 78-10 27.0-	5.40 14.7 45.0 2	x10^3/i x10^6/i g/dL % fL pg	



Karron, Marion ML Code: 568146

Room:237A

Brooklyn Navy Yard, Building 292 63 Flashing Avenue, Breoklyn, New York 11205 718-552-1000 Fay 718-552-1022

> Medical Director Patricia R. Romano, M.D.

Patrice A. Romens, M. D.

Director, Anatomic Pathology Sundara R. Sridhat, M.D. Page 1 of 2ccount 1095575757-921690

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. KLAHR MARTIN

Specimen #	Lab#	Date Collected	Date Received	Date Reported	Sex	Age			
R7404645X	105153	02/01/2008	02/01/08	02/05/2008	F				
		PATIENT RESULTS							

Test

Out of Range

Within Range

Reference Range

Units

Col/mL

Diagnostic Immunology
Microbiology

RULE OUT MRSA Lab Comments: No

No MRSA recovered

No growth

No growth

BACTERIOLOGY

Sputum Culture-Gram Stain

Culture Result:

Organism: Serratia marcescens:

ANTIBIOTIC Tetracycline Trimeth/Sulfa

Ampicillin Nitrofurantoin Gentamicin Cefazolin

Amoxicillin/K Clav'ate

Ciprofloxacin
Tobramycin
Ceftazidime
Ampicillin/su

Ampicillin/sulbactam Cefuroxime

Levofloxacin Cefoxitin Cefepime Aztreonam Imipenem Ceftriaxone

Ticarcillin/Clav Ac

Meropenem (C) Cephalothin Amikacin Cefotetan Cefotaxime

Few Polys Many Gram negative rods Few Gram positive rods
Few Polys Many Gram negative rods F

See below

Many

SENSITIVITY
Susceptible
Susceptible
Resistant
Resistant
Susceptible

Susceptible
Resistant
Resistant
Intermediate
Susceptible
Resistant

Resistant
Resistant
Susceptible
Susceptible
Susceptible
Resistant
Susceptible
Resistant

Resistant
Intermediate
Susceptible
Resistant
Susceptible
Susceptible
Resistant

ron, Marion S-N: 118244899

Room: 130A

Brooklyn Navy Yard, Building 292

63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

Account 4665-10018313

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

MC CARTHY

Medical Director Patricia R. Romano, M.D.

Patricia R. Romeno, M. D.

	Specimen #		Lab#	Date	Collected	Date R	eceived	Date Reported	Sex		Age	
	R7631013H	11	50107501	04/3	15/2008	04/15	/08	04/19/2008	F	77		
die L				PATIENT	RESULTS							
	Test		Out of	Range	Within	ı Range		Reference Range	Unit	S		
	Ciprofloxae Tobramycin Ceftazidime Ampicillin Cefuroxime	cin e /sulb			Suscept Resista Suscept Suscept Suscept Suscept Suscept	ible nt ible ible ible ible						
	Cefoxitin Cefepime	ın			Suscept Suscept	ible ible						
90 000	mipenem	3			Suscept	ible						
	Cephalothi		av Ac	Ξ)	Suscept	ible						
	Cefotetan Cefotaxime Ertapenem				Suscept Suscept	ible ible		AF				
		in/Ta	zobact									
	1. F 14.0											
-						nts**						
	R7631013H											
		idle for	the patient's c	imical condi	ition. No furth		up nec	essary at this time.				
		nitored	for further eva	duation see	natient chart							
	1		TOT INTINOT OVE			DATE						

COMPLETE REPORT

Repg

ron, Marion SSN: 118244899 Room: 130A

Page 1 of 2 ccount 20096434-996177

SILVERLAKE NH - STATS

Staten Island, NY 10301

275 Castleton Avenue

Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

MC CARTHY

Medical Director Patricia R. Romano, M.D.

Patrice R. Romano, M. D.

Specimen #	Lab#		Date (Collected	Date Rec	eived	Date Repor	ted	Sex	Age
	100043	102		10/2008	04/10/		04/11/		F	77
17000000	100043		PATIENT	RESULTS	04/10/	700	04/11/	2000		11
· S					D				** *	
Test	(ot of R	ange	Within	n Range	1	Reference Ra	nge	Units	
Chemistry										
Glucose (grey)	H	103				65-9	9 9		mg/dL	
FASTINGFasting?No	11		eria for the d	liagnosis of dia	betes:	05-2			mg/ an	
(Fasting Glucose))	01110		inglious of the						
<100 mg/dL: No		ing gluc	cose							
100-125 mg/dL:										
>125 mg/dL: In										
Ref: Diabetes Ca	re 29:S43		006							
Urea Nitrogen	H	31				5-25			mg/dL	
Creatinine				0.8		0.6-	-1.1		mg/dL	
econ (calculation)				>60		>60				
For African-Ame	ricans, mi			x 1.2		г о	20 0			
BUN/Creat Ratio	н	30.	8	142		133-	30.0		mEq/L	
Potassium				4.0		3.4-		~	mEq/L	
Chloride				102		94-1		16	mEq/L	
Carbon Dioxide	H	32		101		19-3			mEq/L	
Calcium				9.1			10.3		mg/dL	
Protein, Total	L	5.6				5.9-			g/dL	
Albumin	\mathbf{L}	2.3				3.2-	4.5		g/dL	
Globulin				3.3		1.9-			g/dL	
A/G Ratio	L	0.7				1.0-			Ratio	
Alkaline				104		31-1	40		IU/L	
Phosphatase AST (SGOT)				1 7		10 4			TTT / T	
AST (SGOT) AT (SGPT)				17 27		10-4 5-50			IU/L IU/L	
Bi_frubin, Total				0.4		0.1-			mg/dL	
Endocrinology				0.4		0.1	1.5		mg/ all	
Thyroxine (T4)				8.1		4.5-	10.9		ug/dL	
T3-Uptake	H	40.	7				5-37.0		%	
TSH 3rd Generation	1 -			2.84			5-5.50		uIU/mL	
Hematology										
White Blood Count				10.8			11.0		$x10^3/\iota$	
Red Blood Count	L	3.40)				-5.40		x10^6/u	ıL
Hemoglobin	L	9.9	LOMBIT	TE DEDODE	Tale de	11.1	-14.7		g/dL	

COMPLETE REPORT

enerated By Autolims on 04/11/2008 at 05:17 AM

Autolims Clinical Laboratory Information System Ver. 2.42.00 by Netlim 2096494-9961775

Carron, Marion SML Code: 766233

Room:240A

Shiel medical laboratory

Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

> Medical Director Patricia R. Romano, M.D. Patricia R. Romano, M. D.

Page 1 of 1 Acco27/13/7/85/1613131655

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

R8317155S	Specimen #	Lab#	Date Collected	Date Received	Date Reported	Sex Age
Test Note of Range Within Range Reference Range Units **** This Report Contains Critical Values **** Chemistry Glucose (grey) H 198 65-99 mg/dL Fasting? No Criteria for the diagnosis of diabetes: (Fasting Glucose) < 100 mg/dL: Normal fasting glucose 100-125 mg/dL: Impaired fasting glucose 100-125 mg/dL: Indicative of diabetes Ref: Diabetes Care 29:S43-S48, 2006 Urea Nitrogen VH 131 9-23 mg/dL Confirmed Teatinine 1.0 0.6-1.3 mg/dL Confirmed Teatinine 1.0 0.6-1.3 mg/dL Sodium H 150 132-146 mEq/L Sodium H 150 132-146 mEq/L Sodium levels may be elevated due to a variety of preanalytical factors. Diagnose in light of clinical observations, other tests and patient history Potassium 4.6 3.5-5.5 mEq/L Carbon Dioxide H 32 20-31 mEq/L Carbon Dioxide H 32 20-31 meq/L Carbon Dioxide H 32 20-31 meq/L Calcium 9.0 8.5-10.4 mg/dL **Requisition Comments** Accessioning:Non Fasting These data are acceptable for the patient's clinical condition. No further follow up necessary at this time. M.D. DATE These data will be monitored for further evaluation, see patient chart.	R8317155S			02/03/2009 y Reported on	02/03/2009	
Chemistry Glucose (grey) H 198 65-99 mg/dL Fasting? No Criteria for the diagnosis of diabetes: (Fasting Glucose) <pre></pre>	Test	Out of	Range Within	n Range Re	eference Range	
Glucose (grey) H 198 65-99 mg/dL Fasting? N		**** This Rep	ort Contains Cri	itical values	***	
>125 mg/dL: Indicative of diabetes Ref: Diabetes Care 29:S43-S48, 2006 Urea Nitrogen VH 131 9-23 mg/dL Confirmed Peatinine 1.0 0.6-1.3 mg/dL JON/Creat Ratio H 131.3 Sodium H 150 132-146 mEq/L Sodium levels may be elevated due to a variety of preanalytical factors. Diagnose in light of clinical observations, other tests and patient history Potassium 4.6 3.5-5.5 mEq/L Chloride H 112 99-109 mEq/L Carbon Dioxide H 32 20-31 meq/L Calcium 9.0 8.5-10.4 mg/dL **Requisition Comments** Accessioning:Non Fasting These data are acceptable for the patient's clinical condition. No further follow up necessary at this time. M.D. DATE These data will be monitored for further evaluation, see patient chart.	Glucose (grey Fasting? Criteria f (Fasting) <100 mg	NO for the diagnosis of diabe Glucose) g/dL: Normal fasting glu	etes:	65-99		mg/dL
Confirmed eatinine	>125 mg Ref: Dial	g/dL: Indicative of diabetetes Care 29:S43-S48,	etes			
reatinine 1.0 0.6-1.3 mg/dL 10N/Creat Ratio H 131.3 Sodium H 150 Sodium levels may be elevated due to a variety of preanalytical factors. Diagnose in light of clinical observations, other tests and patient history Potassium 4.6 Carbon Dioxide H 112 Carbon Dioxide H 32 Calcium 9.0 **Requisition Comments** **Accessioning:Non Fasting These data are acceptable for the patient's clinical condition. No further follow up necessary at this time. M.D. DATE These data will be monitored for further evaluation, see patient chart.				9-23		mg/dL
Sodium levels may be elevated due to a variety of preanalytical factors. Diagnose in light of clinical observations, other tests and patient history Potassium 4.6 3.5-5.5 mEq/L Chloride H 112 99-109 mEq/L Carbon Dioxide H 32 20-31 mEq/L Calcium 9.0 8.5-10.4 mg/dL **Requisition Comments** Accessioning:Non Fasting These data are acceptable for the patient's clinical condition. No further follow up necessary at this time. M.D. DATE These data will be monitored for further evaluation, see patient chart.	reatinine					mg/dL
e in light of clinical observations, other tests and patient history Potassium 4.6 3.5-5.5 mEq/L Chloride H 112 99-109 mEq/L Carbon Dioxide H 32 20-31 mEq/L Calcium 9.0 8.5-10.4 mg/dL **Requisition Comments** Accessioning:Non Fasting These data are acceptable for the patient's clinical condition. No further follow up necessary at this time. M.D. DATE These data will be monitored for further evaluation, see patient chart.	Sodium	H 150		132-1		mEq/L
Potassium 4.6 3.5-5.5 mEq/L Chloride H 112 99-109 mEq/L Carbon Dioxide H 32 20-31 mEq/L Calcium 9.0 8.5-10.4 mg/dL **Requisition Comments** Accessioning:Non Fasting These data are acceptable for the patient's clinical condition. No further follow up necessary at this time. M.D. DATE These data will be monitored for further evaluation, see patient chart.						
Accessioning: Non Fasting These data are acceptable for the patient's clinical condition. No further follow up necessary at this time. M.D. DATE These data will be monitored for further evaluation, see patient chart.	Potassium Chloride Carbon Dioxid	Н 112 е Н 32	4.6 9.0	3.5-5 99-10 20-31 8.5-1		mEq/L mEq/L
These data are acceptable for the patient's clinical condition. No further follow up necessary at this time. M.D. DATE These data will be monitored for further evaluation, see patient chart.	Accessioning:Non Fas		equibilition comme			
מייי ערו	These data are accepta	able for the patient's c		DATE	ary at this time.	
	M D		_			

rron, Marion SSN: 118244899

Room:130A



Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

> Medical Director Patricia R. Romano, M.D. Patricia R. Romano, M. D.

Page 1 of 2ccount 2488256-119664

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

Specimen #	Lab#	Date	Collected	Date Recei	ved	Date Reported	Sex	Age	
R81600953	11501293	01 10/15/20	08 04:30 PM	10/15/	08	10/15/2008	F	78	
		PATIENT	RESULTS		1				
Test	Ou	t of Range	Within	Range	F	Reference Range	Units		
Chemistry									
Glucose	H	149			65-9	99	mg/dL		
Criteria for the diagnosis of diabetes:									
	(Fasting Glucose)								
< 100 mg/dL	: Normal fastin	ig glucose							
100-125 mg/c	dL: Impaired fa	sting glucose							
	: Indicative of								
Urea Nitrogen	Care 29:S43-S H	50 50			0 03		/ 3=		
Creatinine	п	50	0.6		9-23		mg/dL		
ecracinine	on)		>60		0.6- >60	- 1 . 1	mg/dL		
		tiply EGFR result			>60				
BUN/Creat Ratio	H	83.0	1 A 1.2		5 0-	-30.0			
Sodium	**	03.0	144		132-		mEq/L		
Potassium			5.3		3.5-		mEq/L		
Chloride			99		99-1		mEq/L		
Carbon Dioxide	H	35			20-3		mEq/L		
Calcium			9.9			10.4	mg/dL		
Protein, Total			6.3		6.0-		g/dL		
Albumin			3.2		3.2-		g/dL		
Globulin			3.2		1.9-		g/dL		
A/G Ratio			1.0		1.0-		Ratio		
Alkaline	H	191			45-1	.29	IU/L		
Phosphatase AST (SGOT)	H		2.0			_			
AJ.T (SGPT)	Н	54	38		13-4		IU/L		
I jirubin, Total		0.1			10-4		IU/L		
Hematology		0.1			0.3-	1.2	mg/dL		
White Blood Cour	nt		6.7		1 0	11.0	x10^3/u	. Т	
Red Blood Count		2.87	0.7				$x10^{3/1}$		
Hemoglobin		9.0					4/91	111	
Hematocrit		26.6				-45.0	g/dL %		
MCV			93		78-1		fL		
MCH	H	31.3	THE STATE OF				pg		
MCHC			33.9			-37.0	%		
		INCOMP	LETE REPO	RT					





Karron, Marion
N: 118244899
om:130

niel medical laboratory

Page 1 of 2 Account Thior mation - 983269

Brooklyn Navy Yard, Building 292 63 Flushing Avenuc, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

MCCARTHY

Medical Director Patricia R. Romano, M.D.

Patrice R. Romens, M. D.

	Specimen #	Lab#	Da	te Collected	Date Receive	d Date Reported	Sex Age	2
	R7631237V 1	310075	703 03	/31/2008	03/31/0	8 04/06/2008	B F 77	
			PATIENT	RESULTS				_
	Test	0	ut of Range	Withir	n Range	Reference Range	Units	
	1031	O	at of Range	77 111111	range	Reference Runge	Omto	
)							
	Chemistry							
	Glucose (grey)	H	127			65-99	mg/dL	
100	FASTINGFasting?Not		ded	Criteria for th	e diagnosis of d	liabetes:		
	(Fasting Glucos		1					
	<100 mg/dL: N							
	100-125 mg/dL: 1: > 125 mg/dL: I:							
	Ref: Diabetes C							
	Urea Nitrogen	ale 29.343-	346, 2000	24		5-25	mg/dL	
	Creatinine			0.9		0.6-1.1	mg/dL	
	eGFR (calculation	1)		>60		>60		
			ltiply EGFR resu					
	B' (Creat Ratio		1 3	26.7		5.0-30.0		
	Scaum			144		133-146	mEq/L	
	Potassium			4.4		3.4-5.4	mEq/L	
	Chloride			103		94-113	mEq/L	
	Carbon Dioxide	H	34			19-31	mEq/L	
	Calcium	×		9.2	,	8.1-10.3	mg/dL	
19	Hematology		17 0			4 0 11 0	x10^3/uL	
	White Blood Count Red Blood Count		17.0 3.56			4.0-11.0	x10 3/uL x10^6/uL	
	Hemoglobin	L L	10.4			11.1-14.7	g/dL	
	Hematocrit	L	33.9			34.0-45.0	%	
	Platelets	11	33.3	338		150-450	x10^3/uL	
	11460166							
9	BACTERIOLOGY							
	Blood Culture-			No growth	after 5 days			
	Culture Result:				owth after			
	Anaerobic bottl				owth afte:			
	Aerobic bottle	test			owth afte:	r 5 days		
			Comment	S				

B. Jd Culture-Culture Result: Anaerobic bottle test No growth after 5 days
No growth after 5 days
No growth after 5 days



Marron, Marion SSN: 118244899

Room: 130A



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Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

Medical Director Patricia R. Romano, M.D.

Patrice R. Romeno M. D.

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

Γ	Specimen #	Lab #	Da	te Collected	Date Rece	eived I	Date Reported	Sex	Age
	R81600953	1150129301		008 04:30 PM			-		
	R01000955	115012930			10/15/	08 10	0/21/2008	F	78
	_		PATIENT					2000	
	Test	Out	of Range	Withir	Range	Refei	ence Range	Units	
(Chemistry								
	Glucose	н 14	(9)			65-99		mg/dL	
	Criteria for the	ne diagnosis of dia	betes:			05 55		mg/ an	
	(Fasting Gluc								
		: Normal fasting g	lucose						
		dL: Impaired fasting							
		: Indicative of dia							
		Care 29:S43-S48	, 2006						
	Urea Nitrogen	H 50)			9-23		mg/dL	
	Cratinine			0.6		0.6-1.1	•	mg/dL	
	eG 🏃 (calculation			>60		>60			
	For African-A	Americans, multipl		lt x 1.2					
	BUN/Creat Ratio	Н 83	. 0			5.0-30.			
	Sodium Potassium			144		132-146		mEq/L	
	Chloride			5.3		3.5-5.5		mEq/L	
	Carbon Dioxide	н 35		99		99-109		mEq/L	
	Calcium	п 55		9.9		20-31	4	mEq/L	
	Protein, Total			6.3		8.5-10.		mg/dL	
	Albumin			3.2		6.0-8.3 3.2-4.8		g/dL	
	Globulin			3.2		1.9-4.0		g/dL g/dL	
	A/G Ratio			1.0		1.0-2.5		Ratio	
	Alkaline	н 19	1 —	1.0		45-129		IU/L	
	Phosphatase	H				15 125		10/11	
	A) (SGOT)		Name	38		13-40		IU/L	
	ALT (SGPT)	H 54	*			10-49		IU/L	
	Bilirubin, Total	L L O.	1			0.3-1.2		mg/dL	
H	ematology							3,	
	White Blood Cour			016.7	010.0.00	4.0-11.	0	$x10^3/u$	L
	Red Blood Count		87	9/24/	MONDA	3.80-5.		x10^6/u	L
	Hemoglobin	L 9.		(0.1		11.1-14	. 7	g/dL	
	Hematocrit	L (26	.6	37.1		34.0-45	. 0	००	
	MCV MCH	77	/2	93		78-102		fL	
	MCHC MCHC	Н 3-1	.3	22.0		27.0-31	. 0	% \$	
1	TCTTC		*************	33.9	d- d-	31.0-37	. 0	00	
	.)			ETE REPORT	n /				

. \ron, Marion SSN: 118244899

Room:130A



Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

> Medical Director Patricia R. Romano, M.D. Patricis R. Romeno, M. D.

Page 1 of 2Account 244473001-117444

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. SCEUSA CARL

Specimen #	Lab#	Date	e Collected	Date Recei	ved Date Repo	rted Sex Age
R8117583J	12400133	301 09/24/20	08 08:55 AM	09/24/	08 09/24/	2008 F 78
		PATIENT	RESULTS			
Test	О	ut of Range	Withir	Range	Reference Ra	inge Units
Chemistry						
			diagnosis of dial	petes:	65-99	mg/dL
>125 mg/d	L: Indicative of es Care 29:S43-S	diabetes				
Urea Nitrogen Creatinine eCTR (calculati	H L	24 0.5	>60		9-23 0.6-1.1 >60	mg/dL mg/dL
		ltiply EGFR resul	t x 1.2		5 0 00 0	
BUN/Creat Ration Sodium Potassium) H	48.8	139 4.2		5.0-30.0 132-146 3.5-5.5	mEq/L
Chloride Carbon Dioxide Calcium	L H	97 35	9.9		99-109 20-31 8.5-10.4	mEq/L mEq/L mg/dL
Protein, Total Albumin Globulin	L L	5.9 3.0	2.9		6.0-8.3 3.2-4.8 1.9-4.0	g/dL g/dL g/dL
A/G Ratio Alkaline Phosphatase	H H	186	1.1		1.0-2.5 45-129	Ratio IU/L
A (SGOT) A (SGPT) Bilirubin, Tota		0.1	35 38		13-40 10-49 0.3-1.2	IU/L IU/L mg/dL
Hematology White Blood Count Red Blood Count	ınt	3.46	9.4		4.0-11.0	x10^3/uL
Hemoglobin Hematocrit	L L L	10.1 32.6	0.0.4		3.80-5.40 11.1-14.7 34.0-45.0	x10^6/uL g/dL %
Platelets			284		150-450	x10^3/uL

Requisition Parameters **COMPLETE REPORT**



Rep

SILVER LAKE SPECIALIZED CARE CENTER

CONSULTATION REQUEST AND RECORD Kamm Maum 243
DATE OF REQUEST: ATTENDING PHYSICIAN (REQUESTING CONSULT) TYPE OF CONSULTATION: DIAGNOSIS: AUAGUAL AND ABACA AND ABACA MOLNULTITION TO A A ALA ALA ALA ALA ALA ALA ALA
REASON FOR CONSULTATION: Sacral Ulcy
ATTENDING PHYSICIAN'S SIGNATURE: REPORT OF CONSULTATION (Opinion & Recommendation)
PLARGE deep Spend deulele
Ether slurp et and debou Sku, subsculm, mugh = 8m.
FED of lepsacul ailse with laule
Muny 1. Son Q12 + 10ders 1+20 DAKEN + 10ders Par fr
SIGNATURE OF CONSULTANT: DATE: 2/6/9 COUNTERSIGNED M.D. DATE: 2/6/9

ron, Marion SSN: 118244899



Page 1 of 2Account211453222-102108

Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

> Medical Director Patricia R. Romano, M.D.

Patricia R. Romano, M. D.

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. SCEUSA CARL

Specimen #	Lab#		Date Collected	Date Rec	eived	Date Reported	Sex	Age
R7738360L	1040008	901	05/04/2008	05/04/	08	05/04/2008	F	77
		PAT	TIENT RESULTS					
Test	(Out of Rang	,	n Range		Reference Range	Units	Š
Chemistry								
Glucose (grey)	H	157			65-5	99	mg/dL	
FACTNGFasting?No		Criteria f	for the diagnosis of dia	betes:				
(Fasting Glucos		, ,						
< 100 mg/dL: 1						š		
100-125 mg/dL			ose					
>125 mg/dL: I Ref: Diabetes C								
Urea Nitrogen	H	38			5-25	5	mg/dL	
Cratinine	11	50	1.1		0.6-		mg/dL	
eG (calculation	a) L	51	1.1		>60	1.1	mg/ an	
For African-Am			R result x 1.2		700			
BU / Creat Ratio	Н	34.5			5.0-	-30.0		
Sodium			139		133-		mEq/L	
Potassium			4.2		3.4-	-5.4	mEq/L	
Chloride			100		94-1	L13	mEq/L	
C: on Dioxide	H	34			19-3		mEq/L	
Ca_dium			8.8		8.1-	-10.3	mg/dL	
Hematology								
White Blood Count		14.8				-11.0	x10^3/	
Red Blood Count	L	3.13				0-5.40	x10^6/	uL
Hemoglobin	L	9.5				L-14.7	g/dL	
Hematocrit	L	30.4	97)-45.0		
MCV MCH			30.2		78-1	0-31.0	fL	
MC 7			31.1			0-37.0	% ba	
Plucelets			221		150-		x10^3/	11T.
RDW-CV			13.4)-16.0	%	ull
MPV			8.8			-13.0	fL	
Ma al Differential			0.0		0.0	10.0		
Ne Trophils%-DIF	H	89			40-7	7 0	00	
Neutrophils abs	H	13.1			1.6-		x10^3/	uL
L' hocytes%-DIF	L	4			20-4		%	
Lymphs abs-DIF	L	0.6	4		1.0-	-4.5	x10^3/	uL



COMPLETE REPORT

Monocytes%-DIF

2-10

rron, Marion 22N: 118244899 Room: 130A



Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

> Medical Director Patricia R. Romano, M.D. Patricia R. Romano, M.D.

Page 1 of Account 204056:5i4nl-117891

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

Specimen #	Lab#	Date	Collected	Date Receiv	/ed	Date Reported	Sex	Age
R8117496D	1290067801	09/29/20	008 09:20 AM	09/29/	08	09/29/2008	F	78
		PATIENT	RESULTS					
Test	Out of	Range	Within	Range		Reference Range	Units	
.)								
Chemistry								
Glucose (grey)	н (14				65-	99	mg/dL	
FASTINGFasting?N (Fasting Glu		iteria for the	diagnosis of dia	betes:				
	Cose) L: Normal fasting g	ucose						
	dL: Impaired fasting							
>125 mg/dl	L: Indicative of dial	etes						
	es Care 29:S43-S48,							
Urea Nitrogen	H 28				9-2		mg/dL	
Creatinine eGFR (calculati	L 0.	5	>60			-1.1	mg/dL	
	Americans, multipl	FGFR resul			>60			
Bar/Creat Ratio	H 56	.9	II X 1.2		5 0	-30.0		
Sodium			138			-146	mEq/L	
Potassium			4.3			-5.5	mEq/L	
Chloride	L 95				99-		mEq/L	
Carbon Dioxide	н 34				20-		mEq/L	
Calcium			9.4			-10.4	mg/dL	
Protein, Total	T (2	1	6.0			-8.3	g/dL	
 G bulin	L (3.	1)	2.9			-4.8	g/dL	
A/G Ratio			1.1			-4.0 -2.5	g/dL Ratio	
Alkaline	н 19	0	T.T		45-		IU/L	
Phosphatase	H	0			10	127	10/11	
AST (SGOT)			32		13-	40	IU/L	
ALT (SGPT)			34		10-		IU/L	
Bilirubin, Tota	l L O.	1			0.3	-1.2	mg/dL	
	J. J.	D						
Fasting? -	* **	Requisi	tion Paran	neters**				
No		\sim						
These data are acceptable	e for the patient's	clinical con-	dition. No furt	her follow u	n nece	essary at this time.		
M.D.		/ /		DATE	P	soury at this time.		
These data will be monit	tored for further e	valuation, se	ee patient chart					
M.		+ + 00255==		DATE _				
		* *COMPLE	ETE REPORT	'w w				

Karron, Marion T: 118244899

Room: 130



Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

> Medical Director Patricia R. Romano, M.D. Patricia R. Romano, M. D.

Page 1 of 2_{Account} 20843125-989658

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

MCCARTHY

Specimen #	Lab#	Date	Collected	Date Received	Date Reported	Sex Age
R7680717N	1050016201	04/05/200	08 11:55 AM	04/05/08	04/05/20	08 F 77
		PATIENT	RESULTS			
Test	Out of	Range	Within	Range	Reference Range	Units
)						
Chemistry						
Glucose (grey)			93		-99	mg/dL
FASTINGFasting?No		teria for the o	diagnosis of diab	etes:		
(Fasting Glucos						
	Normal fasting gl					
	L: Impaired fasting					
	Indicative of diabe					
	Care 29:S43-S48,	2006			0.5	/ 3=
Urea Nitrogen	H 31		0 0		25	mg/dL
Creatinine	1		0.9		6-1.1	mg/dL
eGFR (calculation		ECED	>60	>6	0	
	mericans, multiply H 34		X 1.2	F	0-30.0	
B Creat Ratio	Н 34	· 4	145		3-146	mEq/L
Socium Potassium			4.6		4-5.4	mEq/L
Chloride			100		-113	mEq/L
Carbon Dioxide			31		-31	mEq/L
Calcium			9.5		1-10.3	mg/dL
Hematology			2.5	0.	1 10.5	mg/ db
White Blood Coun	t H (15	.5)		4	0-11.0	x10^3/uL
Red Blood Count	L 3.				80-5.40	x10^6/uL
Hemoglobin	L 10				.1-14.7	g/dL
Hematocrit	L 33				.0-45.0	0/0
MCV			98	78	-102	fL
MCH			29.6	27	.0-31.0	pg
MCHC	L 30	. 1		31	0-37.0	% pg
Neutrophils%	Н 80			4 C	.0-70.0	0/0
Lymphocytes%	L 13	. 6			.0-40.0	00
Monocytes%			5.1		0-10.0	ماه ماه ماه
Eosinophils%	L 0.	В			0 - 4 . 0	00
Bagophils%		_	0.2		0-1.0	%
N)rophils, Abs		. 5			6-7.8	x10^3/uL
Lymphocytes, Abs			2.1		0-4.5	x10^3/uL
Monocytes, Abs			0.8		0	x10^3/uL
Eosinophils,		L + COMPT	0.1		. 7	x10^3/uL



rron, Marion SSN: 118244899 Room: 130A Siel medical Taboratory

Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205

> Medical Director Patricia R. Romano, M.D. Patricia R. Romano, M. D.

718-552-1000 Fax 718-552-1022

Page 1 of 1ccount 12/1191017/66-104470

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. SCEUSA CARL

Specimen #	Lab#	Date (Collected	Date Re	reived	Date Reported	Sex	Ag
R7738333P	1230081701	05/	22/2008	05/23	/08	05/25/2008	F	77
	P	ATIENT	RESULTS					
Test	Out of Ra	nge	Within	Range		Reference Range	Units	
Urinalysis								
Color, Urine			Yellow		Vel	low-Straw		
Appearance, Uri	ne		Clear		Cle			
pH, Urine			6.0			0-8.0		
Specific Gravity			1.021			05-1.030	R.I.	
Bilirubin, Urine	2		NEGATIV	7E	NEC	GATIVE		
Blood, Urine			NEGATIV		NEC	SATIVE		
Leuk. Esterase,	U		NEGATIV			SATIVE		
Nitrites, Urine			NEGATIV			SATIVE	/	
Glucose, Urine tones, Urine			NEGATI			SATIVE	mg/dL	
Stein, Urine			NEGATIV NEGATIV			SATIVE SATIVE	mg/dL	
Urobilinogen, U			0.2	E		0-1.0	mg/dL mg/dL	
Urine Microscopic			0.2		0.0	7-1.0	mg/an	
RBC, Urine			0-5		0 - 5		/HPF	
WBC, Urine			None se	een		ie seen	/HPF	
Bacteria, Urine			None se	een	Non	ie seen	/HPF	
Epithelial Cells	5		None se			le seen	/HPF	
Crystals			None se			le seen	/HPF	
Casts, Hyaline Yeast			None se			le seen	/HPF	
ieast			None se	een	Non	le seen	/HPF	
BACTERIOLOGY								
Urine Culture-			< 10,000					
Colony Count			< 10,0	00				
Culture Result			< 10,0	00	6)	1		
	**Co	mments	* *	/	P5/.	401		
These data are acceptable M.D.	for the patient's clir	nical cond	ition. No furt					

COMPLETE REPORT

M.D._

Karron, Marion SML Code: 568146

Room:237A



Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

> Medical Director Patricia R. Romano, M.D. Patricia R. Romano, M. D.

Page 1 of Account 12/00/01/2015-945737

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. KLAHR MARTIN

	Charles #	I al. #	The state of	Call and ad	Data 1)	Data Damet al	C	4
1. 5	Specimen #	Lab#		Collected	Date Received	Date Reported	Sex	Age
	R75446182	2600877		08 06:00 AM	02/26/08	02/27/2008	F	
	Test	Out of	PATIENT Range	RESULTS Within I	Range	Reference Range	Units	
	Urinalysis Color, Urine Appearance, Uri pH, Urine Specific Gravit Bilirubin, Urin Blood, Urine Leuk. Esterase, Nitrites, Urine Glucose, Urine Ketones, Urine Protein, Urine Urobilinogen, U Urine Microscopic	Y le U H PC	OSITIVE	Yellow Clear 6.0 1.015 NEGATIV NEGATIV NEGATIV NEGATIV NEGATIV 0.2	CI 5. 1. E NE E NE N	ellow-Straw Lear .0-8.0 .005-1.030 EGATIVE EGATIVE EGATIVE EGATIVE EGATIVE EGATIVE EGATIVE	R.I. mg/dL mg/dL mg/dL mg/dL mg/dL	
	RBC, Urine WBC, Urine Bacteria, Urine Epithelial Cell Crystals Casts, Hyaline Yeast	S H Fe H Mo H Ca H O	oderate ew oderate alcium kalate rystals	None se None se None se	en No No No No	one seen one seen one seen one seen one seen one seen	/HPF /HPF /HPF /HPF /HPF	
	ACTERIOLOGY Urine Culture- Colony Count Culture Resul		*Comments	In Process In Proc	cess		/ *** 1	
	These data are acceptable M.DThese data will be monit M.D		evaluation, sec		DATE	ecessary at this time.		
	C I B - A II	00/07/0000 01	47 484					

jarron, Marion SML Code: 568146

Room:237A

iellen inberessey

Page 1 of 2Account20065700-949640

Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

> Medical Director Patricia R. Romano, M.D. Patricia R. Romano, M. D.

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. KLAHR MARTIN

Specimen #	Lab#	Date Collected	Date Received	Date Reported	Sex	Age
R75446182	2600877	02/26/2008 06:00 AM	02/26/08	02/29/2008	F	
		NO A PROMISE THAT WE WINCIP THE PROOF				

Test

Complete Results Originally Reported on 02/29/2008 02:57 PM
Out of Range Within Range Reference Range Units

Urinalysis Color, Urine Appearance, Urine pH, Urine			Yellow Clear 6.0	Yellow-Straw Clear 5.0-8.0		
Specific Gravity Bilirubin, Urine Blood, Urine Leuk. Esterase, U Nitrites, Urine	н	POSITIVE	1.015 NEGATIVE NEGATIVE NEGATIVE	1.005-1.030 NEGATIVE NEGATIVE NEGATIVE NEGATIVE		R.I.
Glucose, Urine tones, Urine rotein, Urine Urobilinogen, U			NEGATIVE NEGATIVE NEGATIVE 0.2	NEGATIVE NEGATIVE NEGATIVE 0.0-1.0		mg/dL mg/dL mg/dL mg/dL
Urine Microscopic RBC, Urine WBC, Urine Bacteria, Urine Epithelial Cells Crystals	H H H H	Moderate Few Moderate Calcium Oxalate Crystals	None seen None seen	None seen None seen None seen None seen		/HPF /HPF /HPF /HPF
Casts, Hyaline Veast			None seen None seen	None seen None seen		/HPF /HPF
BETERIOLOGY Urine Culture- Colony Count Culture Result: Organism: Escheri	chia	coli	>100,000 >100,000 See below		1	
or a great paris the Chick T	UIII U	0011			1	

SENSITIVITY

Susceptible

Susceptible Resistant

Susceptible

COMPLETE REPORT

13

ANTIBIOTIC

Ampicillin Nitrofurantoin

Tetracycline

Trimeth/Sulfa

ron, Marion SaN: 118244899 Room:130A medical laboratory

Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

> Medical Director Patricia R. Romano, M.D. Patricia R. Romano, M.D.

Page 1 of 2_{Account} 246945451-119810

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. SCEUSA CARL

Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex	Age
R81600961	1160088801	10/15/2008	10/16/08	10/19/2008	F	78
		PATIENT RESULTS				

Test Out of Range Within Range Reference Range Units Urinalysis Color, Urine Yellow Yellow-Straw Appearance, Urine Clear Clear pH, Urine 6.5 5.0-8.0 Specific Gravity 1.020 1.005-1.030 R.I. Bilirubin, Urine NEGATIVE NEGATIVE Blood, Urine NEGATIVE NEGATIVE Leuk. Esterase, U NEGATIVE NEGATIVE Nitrites, Urine Glucose, Urine Krones, Urine NEGATIVE NEGATIVE NEGATIVE NEGATIVE mg/dL NEGATIVE NEGATIVE mg/dL P: ein, Urine NEGATIVE mg/dL NEGATIVE Uropilinogen, U 0.2 0.0-1.0 mg/dL Urine Microscopic RBC, Urine WBC, Urine < 5 < 5 /HPF /HPF < 5 < 5 Bacteria, Urine None seen /HPF None seen Epithelial Cells None seen /HPF None seen Crystals None seen /HPF None seen Casts, Hyaline None seen None seen /HPF Yeast None seen /HPF None seen BACTERIOLOGY 40,000 Urine Culture-Colony Count 40,000 Culture Result: See below ganism: Enterococcus faecalis ANTIBIOTIC SENSITIVITY Tetracycline Susceptible Penicillin Susceptible Ampicillin Susceptible Rifampin/Rifampicin Susceptible Nitrofurantoin Susceptible Norfloxacin Susceptible Ciprofloxacin Susceptible

Polsh

Long Beach City School District Budget Notice

Overall Budget Proposal	Budget Adopted for the 2013-14 School Year	Budget Proposed for the 2014-15 School Year	Contingency Budget for the 2014-15 School Year*
Total Budgeted Amount, Not Including Separate Propositions	\$123,767,293	\$130,040,198	\$129,166,166
Increase/Decrease for the 2014-15 School Year		\$6,272,905	\$5,398,873
Percentage Increase/Decrease in Proposed Budget		5.07%	4.36%
Change in the Consumer Price Index		1.46%	
Total Proposed School Year Tax Levy, Including Levy to Support Library Debt, if applicable	\$93,229,643	\$96,250,283	\$93,229,643
Total Permissible Exclusions	\$5,637,922	\$3,980,205	
A. Proposed School Year Tax Levy, <u>Not</u> Including Levy for Permissible Exclusions or Levy to Support Library Debt	\$87,591,721	\$92,270,078	
B. School Tax Levy Limit, <u>Not</u> Including Levy for Permissible Exclusions	\$91,750,804	\$92,747,194	
Difference: A-B (Positive Value Requires 60.0% Voter Approval)	(\$4,159,083)	(\$477,116)	
Administrative Component	\$13,712,687	\$14,125,522	\$14,086,057
Program Component	\$91,756,538	\$95,109,456	\$94,960,751
Capital Component	\$18,298,068	\$ 20,805,220	\$20,119,358

^{*}Under a contingent budget, the school district is required to eliminate certain non-contingent expenses such as proposed allocations for: capital construction work, new instructional and non-instructional equipment, and fees for the evaluation of the school system. In addition, the district must eliminate the allocation for new buses/vans that are used to transport students and various ancillary compensation codes in the administrative section of the budget, as well as salary increases for non-instructional, non-unionized employees.

	Under the Budget Proposed for the 2014-15 School Year
Estimated Basic STAR Exemption Savings ¹	\$811

The annual budget vote for the fiscal year 2014-15 by the qualified voters of the Long Beach City School District, Nassau County, New York, will be held at six locations in said district on Tuesday, May 20, 2014 between the hours of 7 a.m. and 9 p.m., prevailing time at West School, Lindell School, 225 W. Park Ave., East School, Lido/Middle School Complex and the Point Lookout Firehouse, at which time the polls will be opened to vote by voting ballot or machine.

Separate propositions that are not included in the total budgeted amount:

Amount

The basic school tax relief (STAR) exemption is authorized by section 425 of the Real Property Tax Law.



LONG BEACH PUBLIC SCHOOLS 239 Lido Boulevard Lido Beach, NY 11561-5093

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Long Beach, N.Y. 11561 Permit No. 1

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Budget Vote May 20 For more information visit www.lbeach.org

l ron, Marion SSN: 118244899

Room: 130

niel madical laboratory

Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

> Medical Director Patricia R. Romano, M.D.

Patrice R. Romans, M. D.

Page 1 of 2ccount 21002257-997632

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. SCEUSA CARL

Specimen #	Lab#		Pate Collected	Date Received	Date Reported	Sex Age
R7631228W	11100118	301 0	4/11/2008	04/11/08	04/14/2008	F 77
		PATIEN			, ,	
Test	O	ut of Range	Within	Range	Reference Range	Units
Urinalysis Color, Urine Appearance, Ur pH, Urine Specific Gravi Bilirubin, Uri Blood, Urine Leuk. Esterase Nitrites, Urin Glucose, Urine K hes, Urine Tein, Urine Urobilinogen, Urine Microscopic RBC, Urine Bacteria, Urine	ty ne , U le : H U	CLOUDY	DK YELI 8.0 1.015 NEGATIV	C1 5. 1. 7E NE	ellow-Straw ear 0-8.0 005-1.030 GATIVE	R.I. mg/dL mg/dL mg/dL mg/dL /HPF /HPF /HPF
Epithelial Cel Crystals Casts, Hyaline Yeast			None se None se None se	een No	ne seen ne seen ne seen ne seen	/HPF /HPF /HPF /HPF
BACTERIOLOGY Urine Culture- Colony Count Culture Resu rganism: Es ANTIBIOTIC Tetracyclin Trimeth/Sul Ampicillin Nitrofurant Gentamicin Cefazolin	lt: cherichia e fa oin		>100,000 >100,0 See be SENSITI Resista Resista Resista Resista Suscept Suscept	VITY int int int int ible	Ad/16	W. and
Amoxicillin	/ K CIAV AL		Suscept LETE REPORT			BID 375

rron, Marion SSN: 118244899 Room:130A

Brooklyn Navy Yard, Building 292

63 Flushing Avenue, Brooklyn, New York 11205

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY

Page 1 of 1ccount 2490435-119779

DR. SCEUSA CARL

Medical Director Patricia R. Romano, M.D.

718-552-1000 Fax 718-552-1022

Patrice R. Romeno, M. D.

Specimen #	Lab#	Date Co	ollected	Date Recei	ved	Date Reported	Sex	Age
R81600961 116	0088801	10/1	5/2008	10/16/	08 1	10/16/2008	F	78
344	P	ATIENT	RESULTS					
Test	Out of Ra	nge	Within	Range	Refe	erence Range	Units	
Urinalysis								
Color, Urine			Yellow			v-Straw		
Appearance, Urine			Clear		Clear			
pH, Urine			6.5		5.0-8.			
Specific Gravity			1.020	7.	1.005-		R.I.	
Bilirubin, Urine Blood, Urine			NEGATIV NEGATIV		NEGATI			
Leuk. Esterase, U			NEGATIV		NEGATI NEGATI			
Nitrites, Urine			NEGATIV		NEGATI			
Glucose, Urine					NEGATI		mg/dL	
Ketones, Urine			NEGATIVE N		NEGATI		mg/dL	
I tein, Urine				EGATIVE NEGA		IVE	mg/dL	
U*bilinogen, U -			0.2		0.0-1.	. 0	mg/dL	
Urine Microscopic								
RBC, Urine			< 5		< 5		/HPF	
WBC, Urine Bacteria, Urine			<5 None seen		<5 None seen		/HPF	
Epithelial Cells					None s		/HPF /HPF	
Crystals					None s		/HPF	
Casts, Hyaline			None se		None s		/HPF	
Yeast			None se	een	None s		/HPF	
BACTERIOLOGY								
Urine Culture-			In Process					
Colony Count			In Pro	CAGG				
Culture Result:			In Pro					
)	**Co	mments*						
TEL .						9.51		
These data are acceptable for the patient's clinical condition. No further follow up necessary at this time.								
M.DDATE								
M.D.	or randing oval	dation, sec	patient chart	DATE				

Silver Lake Specialized Care Center PHYSICAL THERAPY WEEKLY PROGRESS NOTE

Patient Name:	KARROW, MARION Age:
Diagnosis: KEN	of FAILURE, VENT-DEP, PREUMONIA, COPD, A-FIS, MALNUTATION
Attending Physic	cian:KLAHR
Change in Progr	ram: No/_ Yes
Date 2/27/68	P.T. D/c Rote
, ,	Resident was receive Restauline P.T. 5xx
	f. T. D/c Rote Resident was received Restauline P.T. 5x/c for the sp, bod mobility believes up, therefore tearing, and
	proc. and I studing turing. Resident D/c Green P.7 January Ove to lich of progress and pour compliance, placed or flow
	due to lich of progress and pour compliance, placed or flow
	Rom progress to nautoin joint integrity Maffel ?
/	
Kev: E-Evalu	nation S-Sick DP-Day Page C-Clinic
Key: E=Evalue R=Refus	
R=Refus	sed D/C=Discharged √=30 min Tx H=Hospital RECORD OF TREATMENTS
R=Refus	Sed D/C=Discharged √=30 min Tx H=Hospital RECORD OF TREATMENTS 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 Total
R=Refus	sed D/C=Discharged √=30 min Tx H=Hospital RECORD OF TREATMENTS
R=Refus	Sed D/C=Discharged √=30 min Tx H=Hospital RECORD OF TREATMENTS 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 Total



Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

> Medical Director Patricia R. Romano, M.D. Patricia R. Romano, M. D.

Page 1 of 2_{Account} 2144665-100183

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

MC CARTHY

Specimen #		Lab#	Date	Collected	Date Rec	ceived	Date Reported	Sex	Age
R7631013H	115	01075	501 04/	15/2008	04/15/	08	04/19/2008	F 7	7
			PATIENT	RESULTS					
Test		C	Out of Range	Within	ı Range		Reference Range	Units	
Urinalysis Color, Urine Appearance, Ur pH, Urine Specific Gravi Bilirubin, Uri Blood, Urine Leuk. Esterase Nitrites, Urine Glucose, Urine Ketones, Urine P: ein, Urine Ur Silinogen,	ty ne , U	H H H	CLOUDY SMALL SMALL POSITIVE	DK YELL 7.5 1.025 NEGATIV NEGATIV NEGATIV	E	Clea 5.0- 1.00 NEGA NEGA NEGA NEGA NEGA	8.0 05-1.030 TIVE TIVE TIVE TIVE TIVE	R.I. mg/dL mg/dL mg/dL mg/dL	
Urine Microscopic RBC, Urine WBC, Urine Bacteria, Urin Epithelial Cel Crystals Casts, Hyaline Yeast	ls	н н н	0-5 Few Many Triple Phosphate Crystals	None se None se None se None se	en en	None None None None	seen seen seen seen seen	/HPF /HPF /HPF /HPF /HPF	
BACTERIOLOGY Urine Culture-)lony Count culture Resu Organism: Pr ANTIBIOTIC Tetracyclin Trimeth/Sul Ampicillin Nitrofurant Gentamicin	lt: oteus e fa	mira	abilis	>100,000 >100,0 See be SENSITI Resista Resista Resista Resista Suscept	low VITY nt nt nt nt		J 9 5	2	

Pylyly

COMPLETE REPORT

Repo.

tarron, Marion SML Code: 568146

Room: 237A

Ac2001981617m26513887

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. KLAHR MARTIN

Medical Director Patricia R. Romano, M.D.

Brooklyn Navy Yard, Building 292

63 Flushing Avenue, Brooklyn, New York 11205

718-552-1000 Fax 718-552-1022

Patricia R. Romeno, M. D.

Γ	Specimen #	Lab#	Date Collected	Date Received	Date Reported	Sex	Age
	R75446182	2600877	02/26/2008 06:00 AM	02/26/08	03/03/2008	F	Age
	Test	Complete I Out of	PATIENT RESULTS Results Originally Range Within	y Reported Range	on 02/29/2008 Reference Range	02:57 Units	PM
	Gentamicin Cefazolin Amoxicillin/F		Suscept: Suscept: Intermed Resista	ible diate			

Tobramycin Susceptible Ceftazidime Susceptible Ampicillin/sulbactam Resistant Cefuroxime Susceptible Levofloxacin Resistant Susceptible Cefoxitin Susceptible Cefepime Susceptible Aztreonam Susceptible Imipenem Susceptible Ceftriaxone Ticarcillin/Clav Ac Intermediate Intermediate Cephalothin

Susceptible Cefotaxime Susceptible Ertapenem Piperacillin/Tazobact Susceptible Susceptible Amikacin Susceptible

Cefotetan

Comments **Requisition Comments**

orted to: Silverlake NH - Stats at 02/29/08 03:16 PM ese data are acceptable for the patient's clinical condition. No further follow up necessary at this time.

DATE

These data will be monitored for further evaluation, see patient chart.

M.D.





DPtczcLwk/-2 of 2-/second/8499945 FWR5

Your order of May 12, 2014 (Order ID 114-2261111-6987451)

Qty.	Item		Item Price	Total
1	Verbatim AA Power Bank Charger 97928 Wireless Phone Accessory (** 1-E-13 **) X000LGGEG3 amzn1.wdsku.v1.13994820820051603 021111207201 (Sold by Warehouse)	Deals, Inc)	\$11.72	\$11.72
1	AmazonBasics 8 Pack AA Ni-MH Pre-Charged Rechargeable Batteries, 10 Minimum 1900mAh) Electronics (** 1-E-13 **) B00CWNMV4G	000 Cycle (Typical 2000mAh,	\$17.99	\$17.99
		Subtotal Tax Collected Order Total Paid via credit/debit Balance due		\$29.71 \$2.56 \$32.27 \$32.27 \$0.00

This shipment completes your order.

Have feedback on how we packaged your order? Tell us at www.amazon.com/packaging.



www.amazon.com/ your-account

For detailed information about this and other orders, please visit Your Account. You can also print invoices, change your e-mail address and payment settings, alter your communication preferences, and much more - 24 hours a day - at http://www.amazon.com/your-account.

Returns Are Easy!

Most items can be refunded, exchanged, or replaced when returned in original and unopened condition. Visit http://www.amazon.com/returns to start your return, or http://www.amazon.com/help for more information on return policies.





		24

Staten Island University Hospital

PEG Procedure Report

Patient:
Patient ID:

Exam Date:

Ms. Marion Karron

001687409

09/11/2008

Attending Physician:

Jeffrey Kalman M.D.

Referring Physician:

720-5928

INTRODUCTION:

78 year old female patient presents for an elective outpatient EGD. The indication for the procedure was peg placement.

CLINICAL HISTORY & PHYSICAL EXAMINATION:

The patient's clinical history and physical examination were performed and are documented in the patient's record.

CONSENT:

The benefits, risks, and alternatives to the procedure were discussed and informed consent was obtained from the patient.

PREPARATION:

EKG, pulse, pulse oximetry and blood pressure monitored.

PROCEDURE:

The endoscope was passed with ease under direct visualization to the esophagus.

FINDINGS:

HYPOPHARYNX: The hypopharynx appeared normal.

ESOPHAGUS: The esophagus appeared normal.

GE-JUNCTION: At 40 cm from the gums,

STOMACH: There was evidence of nonerosive gastritis of the stomach.

PYLORUS: The pylorus appeared normal.

DUODENUM: The duodenum appeared normal.

THERAPY: Percutaneous endoscopic gastrostomy: In a darkened room, the abdominal wall was transilluminated and the puncture site was chosen. Indentation of the gastric wall by external finger pressure was demonstrated. The skin was surgically prepared and anesthetized with xylocaine. A small incision was made with a surgical blade and a 25 gauge needle with cannula was inserted through the abdominal wall. A guide wire was passed through the cannula, was caught by the snare passed through the endoscope and brought out through the mouth. A Corflo 20 Fr PEG tube was secured to the guide wire and pulled through the abdominal wall. The gastrostomy tube was secured with the outer flange positioned at 3 cm. There were no complications, and the patient tolerated the procedure well.

IMPRESSION:

1. Nonerosive gastritis of the stomach. [535.40].

RECOMMENDATION:

- Do not use the gastrostromy tube for 24 hours.
- Do not clamp the feeding tube, cap it.
- NPO for 24 hours.
- Continue current IV fluids.
- G-tube to gravity drainage.
- Change G-tube dressing daily.
- After 24 hours, begin sterile water at 50 cc's per hour via G-tube for 4 hours.
- If no pain, fever, complications from patient, begin tube feeding per recommendations of attending physician.
- If any questions arise regarding PEG tube, notify me.

Jeffrey Kalman M.D.

ron, Marion SSN: 118244899

Room:130A



Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

> Medical Director Patricia R. Romano, M.D. Patricia R. Romano, M. D.

Page 1 of 1ccount 2,2,9,6,1;3,2-109828

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

MCCARTHY

Specimen # Lab #	Date Col	lected	Date Receiv	ved Date Repor	ted Sex Age
R7882263B 1140158	3401 07/14/2008	03:30 PM	07/14/	08 07/15/	2008 F 78
37%	PATIENT	RESULTS			
Test	Out of Range	Within	Range	Reference Ra	nge Units
Chemistry Glucose Criteria for the diagnosis of (Fasting Glucose) < 100 mg/dL: Normal fas 100-125 mg/dL: Impaired > 125 mg/dL: Indicative of the control o	ting glucose fasting glucose of diabetes			65-99	mg/dL
Ref: Diabetes Care 29:S43 Urea Nitrogen Creatinine eCFR (calculation) For African-Americans, m	ultiply EGFR result x	23 0.6 >60 1.2		9-23 0.6-1.1 >60	mg/dL mg/dL
Bud/Creat Ratio H Sodium Potassium Serum Appearance H H	38.1 Slightly Hemolyzed	143 5.3		5.0-30.0 132-146 3.5-5.5 Clear	mEq/L mEq/L
Potassium levels may be e	levated due to hemolysi	is and a variet	y of preanal	ytical factors. Diagno	se in light of clinical
Chloride L Carbon Dioxide H Calcium Hematology	s, other tests and patier 97 35	nt history. 9.6		99-109 20-31 8.5-10.4	mEq/L mEq/L mg/dL
White Blood Count H Red Blood Count L Hemoglobin L H atocrit L F. celets	13.4 3.37 9.4 32.8	167		4.0-11.0 3.80-5.40 11.1-14.7 34.0-45.0 150-450	x10^3/uL x10^6/uL g/dL % x10^3/uL
These data are acceptable for the path M.D. These data will be monitored for furt M.D.			er follow u DATE DATE	p necessary at this	ime.
	**COMPLETE	REPORT	**	Mail.	W

Report Generated By Autolims on 07/15/2008 at 06:08 AM

Autolims Clinical Laboratory Information System Ver. 2.42.00 by Netlim 2296132-10982801

ron, Marion SSN: 118244899

Room:130A



Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

> Medical Director Patricia R. Romano, M.D. Patricia R. Romano, M.D.

Page 1 of 1_{Account} 2302946-109975

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. MCCARTHY JOHN

Specimen #	Lab#	Date (Collected	Date Rec	ceived	Date Reported	Sex	Ag	e
R7882389N 11	.500217	01 07/	15/2008	07/15	/08	07/17/2008	F	78	
		PATIENT	RESULTS						
Test	Οι	ıt of Range	Within	n Range		Reference Range	Units	S	
Urinalysis									
Color, Urine			Yellow		Yel	low-Straw			
Appearance, Urine			Clear		Clea	ar			
pH, Urine			6.0			-8.0			
Specific Gravity			>=1.030			05-1.030	R.I.		
Bilirubin, Urine			NEGATI			ATIVE			
Blood, Urine	77	mp » dr	NEGATIV	Æ		ATIVE			
Leuk. Esterase, U Nitrites, Urine	H	TRACE	NEGATIV	ידד		ATIVE			
Glucose, Urine			NEGATIV			ATIVE ATIVE	mg/dL		
Ke ones, Urine			NEGATIV			ATIVE	mg/dL		
P. lein, Urine	H	30	1120111			ATIVE	mg/dL		
Urobilinogen, U			0.2			-1.0	mg/dL		
Urine Microscopic									
RBC, Urine			< 5		< 5		/HPF		
WBC, Urine		5-10			< 5		/HPF		
Bacteria, Urine Epithelial Cells		Few				e seen	/HPF		
Crystals	n	Few	None se	on		e seen e seen	/HPF /HPF		
Casts, Hyaline			None se			e seen	/HPF		
Yeast			None se			e seen	/HPF		
BACTERIOLOGY									
Urine Culture-			< 10,000						
Colony Count			< 10,0						
Culture Result:			< 10,0	100	1,				
		**Comments	k *	1	7/14	l			
These data are acceptable for ${\tt M.D.}$	the patier	nt's clinical condi	ition. No furt	her follow DATE	up neces	ssary at this time.			
These data will be monitored	for furthe	er evaluation, see	patient chart						
M.D		,	•	DATE					

COMPLETE REPORT

Repr

Lab#

rron, Marion SSN: 118244899

Room:130A

Specimen #



Date Collected

Date Received

Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

> Medical Director Patricia R. Romano, M.D. Patricia R. Romeno, M. D.

Acc25186399atil2134170

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. SCEUSA CARL

Date Reported

	R82346937 1	3000227	701 10/30/20	008 08:05 AM	10/30,	/08	10/30/2008	F 78	
SECTION.			PATIENT	RESULTS					
	Test	Out of Range		Within	Range	1	Reference Range	Units	
	MCV			96		78-1		fL	
	MCH	H	31.7	22.0			0-31.0	pg	
	MCHC			33.2			0-37.0	0/0 0	
	Neutrophils% Lymphocytes%			66.4 20.6			0-70.0 0-40.0	0	
	Monocytes%			6.0			-10.0	000	
	Eosinophils%	H	5.9	0.0		1.0-		0,0 0,0 0,0 0,0	
	Basophils%	H	1.1			0.0-		%	
	Neutrophils, Abs			4.2		1.6-		x10^3/uL	
	Lymphocytes, Abs			1.3		1.0-		x10^3/uL	
	Monocytes, Abs			0.4		<1.0		x10^3/uL	
	E)nophils, Absolute			0.4		<0.7	/	x10^3/uL	
	Basophils, Abs.			0.1		< 0.3	3	x10^3/uL	
	Platelets			202		150-	-450	x10^3/uL	
	RDW-CV			15.2			0-16.0	00	
	MPV			10.5		8.0-	-13.0	fL	
	Requisition Parameters								
]	Fasting? -								
	No			I'' N. C. I	C 11				
	These data are acceptable for .D.	or the patie	nt's clinical con	dition. No furth	ner follow i DATE	ip neces	ssary at this time.		
	These data will be monitore	d for furth	er evaluation, se	ee patient chart.					-
I	DATE								

rron, Marion SSN: 118244899 Room: 130A Brooklyn Navy Parok In Nav York 11205

Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

> Medical Director Patricia R. Romano, M.D. Patricia R. Romano, M. D.

Page 1 of Alcount In 2029 8405-109923

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. MCCARTHY JOHN

Specimen #	Lab#	Date	Date Collected Date Receiv		d Date Reported	Sex Age
R7882389N	11500217	01 07	//15/2008	07/15/0	08 07/15/2008	F 78
×		PATIENT	RESULTS		, ,	
Test	Out	of Range	Within	Range	Reference Range	Units
Urinalysis Color, Urine Appearance, Urine PH, Urine Specific Gravit Bilirubin, Urine Blood, Urine Leuk. Esterase, Nitrites, Urine Glucose, Urine Ketones, Urine 1)tein, Urine Urobilinogen, Urine Microscopic	ty ne , U H e	TRACE	Yellow Clear 6.0 >=1.03 NEGATI NEGATI NEGATI NEGATI NEGATI	JE JE JE JE	Yellow-Straw Clear 5.0-8.0 1.005-1.030 NEGATIVE NEGATIVE NEGATIVE NEGATIVE NEGATIVE NEGATIVE NEGATIVE NEGATIVE O.0-1.0	R.I. mg/dL mg/dL mg/dL mg/dL mg/dL
RBC, Urine WBC, Urine Bacteria, Urine Epithelial Cell Crystals Casts, Hyaline Yeast		5-10 Few Few	<5 None se None se	een een	<5 <5 None seen None seen None seen None seen None seen None seen	/HPF /HPF /HPF /HPF /HPF /HPF
BACTERIOLOGY Urine Culture- Colony Count Culture Resul These data are acceptable		**Comment		ocess	o necessary at this time.	
M.D. These data will be monit M.D.				DATE		

SILVER LAKE SPECIALIZED CARE CENTER

CONSULTATION REQUEST AND RECORD

	Karron	Marin	130
DATE OF REQUEST:	July 14 2008		
ATTENDING PHYSICIAN (REQUESTING CONSULT)	Mc Carthy		
TYPE OF CONSULTATION:	AI (Do Kalo	man)	
DIAGNOSIS: YDRF COPD	% Malnututum, "	% A-Fib	
DEASON FOR CONSULTATION:	11-tube Placem	ant.	
REASON FOR CONSULTATION.	A CO	X IV	
ATTENDING PHYSICIAN'S SIGNATURE:	John Dribleriby		
REPORT OF CONSULTATION (Opinion & Recomm	endation) PMU Or Ko	or a Clair	
Ug feels, ver	of Sprenley		
De Weenth	TP TROOP		
11000	RA MOST	Ola	
Aty)	Joph von te	Les	
An manage	Marlon		
Je gag			
ATTENDING PHYSICIAN (REQUESTING CONSULT) TYPE OF CONSULTATION: DIAGNOSIS: Y D R COP) REASON FOR CONSULTATION: ATTENDING PHYSICIAN'S SIGNATURE: REPORT OF CONSULTATION (Opinion & Recomm T 8 4 9 Weeth Weeth Add (Ap Engley 4 Add (Ap Engley 4 Add (SIGNATURE OF CONSULTANT:	Consent Etto	red	
/			
	N	8/1/0	1
SIGNATURE OF CONSULTANT:		DATE:	

rron, Marion LN: 118244899



Page 1 of 2xccount 2500 83106-120858

SILVERLAKE NH - STATS

275 Castleton Avenue

Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

Staten Island, NY 10301

Medical Director Patricia R. Romano, M.D. Patricia R. Romano , M. D.

DR. SCEUSA CARL

Specimen #	La	b #	Date	Collected	Date Reco	eived	Date Reported	Sex	Age
R8205298T	1260	017203	10/	26/2008	10/26/	08	10/27/2008	F	78
		J	PATIENT	RESULTS					
Test		Out of Ra	ange	Within	n Range		Reference Range	Units	
Chemistry		7. 7.40						/ 37	
Glucose (grey) FASTINGFasting?		H 142	in for the c	liagnosis of dia	hotos	65-9	99	mg/dL	
(Fasting Gl		Citte	ia ioi the c	nagnosis or dia	betes.				
		l fasting gluce	200						
		ired fasting g							
		ive of diabete							
		:S43-S48, 20							
Urea Nitrogen	ics care 27	.545 540, 20	00	In Prod	2222	9-23	3	mg/dL	
Creatinine		,		0.6				mg/dL	
eGFR (calculat	ion)			>60		>60			
		s, multiply E	GFR result						
-b //Creat Ratio		, 1 3		In Proc	cess	5.0-	-30.0		
Sodium				141		132-		mEq/L	
Potassium				In Proc	cess			mEq/L	
Serum Appearan	ce			Clear		Clea	ar	1,	
Chloride				100		99-1		mEq/L	
Carbon Dioxide				In Proc	cess	20-3		mEq/L	
Calcium				9.2			-10.4	mg/dL	
Protein, Total				6.6		6.0-		g/dL	
Albumin				3.4		3.2-		g/dL	
Globulin				3.2		1.9-		g/dL	
I) Ratio A_kaline				1.0		1.0-		Ratio	
				In Proc	cess	45-1	129	IU/L	
Phosphatase AST (SGOT)				Tn Droot		77 /	1.0	TTT / T	
ALT (SGPT)				In Proc	ess	13-4		IU/L IU/L	
Bilirubin, Tota	al			In Proc	1000	10-4		mg/dL	
Hematology	u. I			III FIOC	.055	0.5-	-1.2	mg/all	
White Blood Co	unt.			10.3		4 0-	-11.0	x10^3/	11T.
Red Blood Count		L 3.16)-5.40	x10 ⁶ /	
Hemoglobin		L 9.7					-14.7	a/dI.	
TICHOGIODITI		J . 1							
Hematocrit		L 30.2					0-45.0	000	
				96)-45.0	g/dL % fL	

Jarron, Marion SML Code: 568146

Room: 237A

Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

> Medical Director Patricia R. Romano, M.D. Patrice R. Romens M. D.

Page 1 of 2_{Account}2009867-951388

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. KLAHR MARTIN

Specimen #	Lab#	Date Collected	Date Received	Date Reported	Sex	Age
R75446182	2600877	02/26/2008 06:00 AM	02/26/08	03/03/2008	F	
		W- 1 PROPERTY CONT.				

Complete Results Originally Reported on 02/29/2008 02:57 PM Out of Range Within Range Reference Range Test

,					
Urinalysis Color, Urine Appearance, Urine -pH, Urine Specific Gravity Bilirubin, Urine Blood, Urine Leuk. Esterase, U			Yellow Clear 6.0 1.015 NEGATIVE NEGATIVE NEGATIVE	Yellow-Straw Clear 5.0-8.0 1.005-1.030 NEGATIVE NEGATIVE NEGATIVE	R.I.
Nitrites, Urine Glucose, Urine stones, Urine rotein, Urine	Н	POSITIVE	NEGATIVE NEGATIVE NEGATIVE	NEGATIVE NEGATIVE NEGATIVE NEGATIVE	mg/dL mg/dL mg/dL
Urobilinogen, U			0.2	0.0-1.0	mg/dL
Urine Microscopic RBC, Urine WBC, Urine Bacteria, Urine Epithelial Cells	H	Moderate Few	None seen None seen	None seen None seen None seen None seen None seen	/HPF /HPF /HPF /HPF /HPF
Crystals		Moderate Calcium Oxalate Crystals		Notice Seem	/ 115 5
Casts, Hyaline Veast		7	None seen None seen	None seen None seen	/HPF /HPF
FACTERIOLOGY Urine Culture- Colony Count Culture Result: Organism: Escheric	chia	coli	>100,000 >100,000 See below	on Bac	tur ×7 duy
ANTIBIOTIC Tetracycline Trimeth/Sulfa			SENSITIVITY Susceptible Susceptible	06	

Ampicillin Resistant Nitrofurantoin

Susceptible

rron, Marion L.N: 118244899



Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

Medical Director
Patricia R. Romano, M.D.

Patrice R. Romens, M. D.

Page 1 of 2Account 2150 218102 - 120836

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. SCEUSA CARL

	Specimen #	Lab#	Date Co	llected	Date Recei	ved	Date Reported	Sex	Age
	R8205298T 12	60017203	10/26	5/2008	10/26/0	8 0	10/27/2008	F	78
			PATIENT	RESULTS					
	Test	Out of R	lange	Within	Range	R	Reference Range	Units	
	***	This Repo			-				
(Chemistry								
	Glucose (grey)	Н 142				65-9	9	mg/dL	
	FASTINGFasting?No	Crite	eria for the diag	gnosis of diab	oetes:				
	(Fasting Glucose)	mal facting aluga	.0.50						
	<100 mg/dL: Nor 100-125 mg/dL: Ir								
	>125 mg/dL: Indi								
	Ref: Diabetes Care								
	Urea Nitrogen	H 43	100			9-23		mg/dL	
	Creatinine	11 15		0.6		0.6-		mg/dL	
	eGFR (calculation)			>60		>60	.	mg/ an	
	For African-Ameri	cans, multiply F	EGFR result x			700			
	B./Creat Ratio	н 72.				5.0-	30.0		
	Sodium			141		132-		mEq/L	
	Potassium	H / 5.6	()			3.5-	5.5	mEq/L	
	Serum Appearance			Clear		Clea	r		
	Chloride			100		99-1	09	mEq/L	
	Carbon Dioxide	VH 36				20-3		mEq/L	
	Calcium			9.2		8.5-		mg/dL	
	Protein, Total			6.6		6.0-		g/dL	
	Albumin			3.4		3.2-		g/dL	
	Globulin			3.2		1.9-4		g/dL	
	A/G Ratio	TT 027		1.0		1.0-		Ratio	
	Alkaline Phosphatase	н 231 н				45-12	29	IU/L	
	AST (SGOT)	н Н 46				13-4	0	IU/L	
	ASI (SGPT)	11 40		49		10-4		IU/L	
	B. irubin, Total	L 0.2		4.0		0.3-		mg/dL	
	Hematology	1 0.1				0.5	1.2	mg/ an	
	White Blood Count			10.3		4.0-1	11.0	x10^3/i	1T.
	Red Blood Count	L 3.1	5.				-5.40	x10^6/1	
	Hemoglobin	L 9.7					-14.7	g/dL	
	Hematocrit	L/ 30.2	2)				-45.0	0/01	
	MCV		/	96		78-10	02	fL	
	MCH			30.7		27.0	-31.0	pg	
		*:	*COMPLETE	REPORT	**				

Report Generated By Autolims on 10/27/2008 at 10:49 AM

William.

Autolims Clinical Laboratory Information System Ver. 2.42.00 by Netlim 2509812-12083605

Patient Information

rron, Marion SsN: 118244899 Room:130A



Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

> Medical Director Patricia R. Romano, M.D.

Patricia R. Romeno, M. D.

Page 1 of 2 ccount 25018369-121341

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. SCEUSA CARL

Specimen #	Lab#	Date Col	llected	Date Receiv	ved	Date Reported	Sex	Age
R82346937 130	00022701		08:05 AM	10/30/	08	10/30/2008	F	78
		PATIENT	RESULTS	2 -				
Test	Out of	f Range	Within Ra	inge	R	eference Range	Units	
Call test Accessioning: HBACG			Canceled					
Chemistry Glucose (grey) FASTINGFasting?No (Fasting Glucose) <100 mg/dL: Norn 100-125 mg/dL: Im >125 mg/dL: Indice	mal fasting g apaired fastin	riteria for the diag lucose g glucose	gnosis of diabete	es:	65-99	9	mg/dL	
Ref: Diabetes Care	29:S43-S48,	2006						
U) Nitrogen	H 42				9-23		mg/dL	
Cratinine			0.6		0.6-1	1.1	mg/dL	
eGFR (calculation)			>60		>60			
For African-Americ			1.2					
BUN/Creat Ratio Sodium	н 70	. 3	141		5.0-3 132-3		mEq/L	
Potassium			4.7		3.5-5		mEq/L	
Chloride			101		99-10		mEq/L	
Carbon Dioxide			31		20-31		mEq/L	
Calcium			9.8		8.5-1		mg/dL	
Protein, Total			6.5		6.0-8		g/dL	
Albumin			3.3		3.2-4		g/dL	
Globulin			3.2		1.9-4		g/dL	
A/G Ratio			1.0		1.0-2		Ratio	
Alkaline	H 22	5	1.0		45-12		IU/L	
Phosphatase	H				10 12		10/1	
A' \(SGOT\)	**		31		13-40)	IU/L	
AL (SGPT)			45		10-49		IU/L	
Bilirubin, Total	L 0.	2	4.0		0.3-1		mg/dL	
Hematology	0.				0.0		g/ an	
White Blood Count			6.3		4.0-1	11 0	x10^3/1	ıT.
Red Blood Count	L 2.	95	0.5		3.80-		$x10^{6/1}$	
Hemoglobin	ь 2. ь 9.				11.1-		g/dL	لدم
Hematocrit		. 2			34.0-	-15 0	% वर्षा	
TICINACOCTIC	ш 20	. 4			J4.U-	± J . U	0	

Colan

COMPLETE REPORT

SILVER LAKE SPECIALIZED CARE CENTER DEPARTMENT OF OCCUPATIONAL THERAPY

/ Vent
Annual: Monthly re-eval: Re-admit: Change in status:
Resident's Name: Karron, Marion Room: 245A MD: Klahr
Diagnosis: Preumania, COPD
h/o A-Fib & osterporosis; tube feeding IPEG
Change in ROM/Strength Ves No Resident awake but unable
B/L HE A/PROM BFZ. NO AROM noted in all 4 extremities;
Prom! Oshonider 1/2 range Q shoulder fly 0-70, Ex 0-20', elbon
flex 0-100', mist flex 0-15'; of an other its prom now; noted
Alex 0-100', mist flex 0-15'; of an other its prom now; noted mod. ed ema BIL LE E open wounds @ distal upper arm & @mist Change in ADL/Strength Yes No
Resident requires 1stal & E all ADL's, mobility &
transfers, Sitting balance poor
Change in Treatment Plan/StrengthYesNo
Desident not a condidate for restorative OT 2. to
medical conditions in ability to actively participate in
tasts. Resident will be placed on from Prom to
Additional Goals: B/L UTE.
riddinorial dodio. The oriental dodio.
OI Signatura: Channal alla mal.
O.1. Signature. Office
O.T. Signature: Date: $2-20-09$ M.D. Signature: Date: $2-20-09$
Date
Date 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
10h '09

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locations. Friday singments will be delivery
Monday unless SATURDAY Delivery is self

Next Business Day

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HISTORY & PHYSICAL EXAMINATION

Patient Name: Karron Marron Room nu	mber: 237A			
Height Weight BP	dys .			
Allergies Advance Directives Yes	JŇo			
Weight loss: □ Yes □ No Reason/Amount Weight gain: □ Yes □ No Reason/Amount				
Other vaccines Yes No Specify and date given:				
Reason for Admission: CMJ CMM				
Past Illness / Hospitalization / ADL changes / Mental changes in last year				
Coll small flow to	2			
☐ Accidents in last 3 months ☐ At risk for breakdown ☐ At risk for color ☐ At risk for falls ☐ UTI in last	and the second			
Functional Status: ADL: □Independent □Dependent □Incontinence: □Bowel □ Bladder □ Foley □Suprapubic Ambulation: □ Independent □ Assist □ WC Bound Weight Bearing Status:				
General Appearance: Mental status:				
Po S Campay (100)				
Skin: DNo lesions noted Dry Clear See diagram for Decubiti / Breakdown				
Head: /				
Neck: ☐ Carotids equal, no thrill or bruit Nodes: ☐ None palpable ☐ No Masses, no enlargement	☐ No neck veins			
Lungs: ☐ Clear to A&P Heart: ☐ Regular rhythm ☐ No Murmur or gallop				
☐ Trach ☐ Vent dep. 2° ☐ O₂ ☐ Suctioned				
Abdomen:				
Abdomen:				

Patient Name:	
THE STATE OF THE PROPERTY OF T	
DECUBITUS / STASIS ULCER / SKIN TEA	R
Size: Stage:	
	Two for Two for
Avoidable:	£)
Unavoidable	
Rectal: Mass// None	Pelvic/Genitalia:
Annual:	The state of the s
	o Cyanosis ☐ No Clubbing
Contractures: ☐ At risk: ☐ Yes ☐ N	10
	phasia Receptive
☐ Swallowing Intact ☐ Po	ssible Aspiration ☐ Probable Aspiration
	sensory or cerebellar abnormalities □Babinski normal Reflexes: BIC. TRIC. K-Jerk A-Jerk
Motor: RUE //5 RLE //5	Reflexes: BIC. TRIC. K-Jerk A-Jerk
9 9	
Review of Labs: Comments:	Review of Diagnostic Testing:
Impression / Diagnosis:	Treatment Plan:
1 1 A 1 TS	
July / C	Olly Port Syl
Medication Regime + Reason	Reviewed/Monitor No side effects
	□No adverse reactions
Rehabilitation Potential: Restorative F	
☐ Speech Thera Discharge Disposition Planned:	apy Weaning / Vent
Prognosis:	ood Terminal
☐ Resident ☐ Family ☐ Legal Rep. In	formed or medical condition ☐ Yes ☐ No
Reason if not	
^ 1	
$\bigcap \bigcap \bigcap$	17700
M.D. SIGNATURE:	Date:
\ V · \	<u> </u>

HISTORY & PHYSICAL EXAMINATION

atient Name: Karron Marian	Room number: 245 A
Height S' \\ Weight BP 130 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	SP82 R 16 T 99,5
Allergies None	Advance Directives EYes DNo
Weight loss: ☐ Yes ☐ No Reason/A Weight gain: ☐ Yes ☐ No Reason/A	mount
Immunizations: Flu vaccine ⊠Yes □No I Pneumovac vaccine □Yes □ Other vaccines □Yes □No S	Specify and date given:
Reason for Admission: Once Once	, COPD MRSH
Past Illness / Hospitalization / ADL changes / M (Rep Facture > West Deplande CAD A - Malmostutum Pragothypialism, hypen Jup Oblevanthypialism, hypen Jup	ental changes in last year nd Apphague Delegation of MRSA Spectumb SETOHable relemna (Stergonson)
□ Accidents in last 3 months □ At risk for bre □ At risk for falls Functional Status: ADL: □Independent □Dependent Incontinence Ambulation: □ Independent □ Assist □ WC Weight Bearing Status:	UTI in last 30 days ■: ☑Bowel ☐ Bladder ☐Foley ☐Suprapubic
General Appearance:	Mental status:
Skin: No lesions noted Ory Clear Rash	□ Skin Turgor □Good ☑Poor e diagram for Decubiti / Breakdown
Head: Ears: Hearing: ☑Normal ☐Hearing Aid Eyes: ☑ PERRLA ☐ Cataracts ☐ Eyeglasses ☐	Nose&Throat: ☐No lesions noted Dentures: ☐U ☐L ☐Chewing problems
Neck: ☐ Carotids equal, no thrill or bruit Noc Thyroid: ☐ No Masses, no enlargement	des: ☐ None palpable JVD: ☐ No neck veins
Lungs: ☐ Clear to A&P ☐ Trach	Heart: Spregular rhythm No Murmur or gallop JT / NO S 15 M
Drivent dep. 2°	
Breast: ☐ No masses found upon palpation Abdomen: ☐ No masses	
□ No organomegaly □ BS normoactive	Hemia: ☐ None ☐ Surgical Scars

Patient Name:	(na)
and the second of the second o	
DECUBITUS / STASIS ULCER / SKIN TEAR Size: Stage: Stage: Stage	Report En () has suit how
	we will be a second of the sec
Annual: Extremities: No edema	Pelvic/Genitalia: Alefa Cyanosis No Clubbing
	n lest
Neurological: ☐ Speech Fluent ☐ Aspha ☐ Swallowing Intact ☐ Possi ☐ CN II – XII intact ☐ No see Motor: RUE /5 RLE /5 FLUE /5 LLE /5 FLUE /5 LLE /5 FLUE /5 LLE /5 FLUE /5 LLE /5 FLUE	asia Receptive
Impression / Diagnosis: T AAA MARGA MA	reatment Plan: her Owl Av'
Medication Regime + Reason R	eviewed/Monitor
Rehabilitation Potential: □ Speech Therapy Discharge Disposition Planned: Prognosis: □ Poor □ Fair □ Goo □ Resident □ Family □ Legal Rep. Infort Reason if not	
M.D. SIGNATURE: WRAL	Date: \Lubs

	PHYSICIAN'S	MONTHLY PROGRESS NOTES		
Davidant Names	Karron Manon	7) Rm#: 1301 BP 100/60 WT 130. 8 TPR 98 80 L		
Allergies:	AIV A	7) 14117. 1501		
DNR -Reviewed at	nd Renewed: () Yes	() Not Applicable		
Advance Directive	s: () DNI	() Health Care Proxy () Living Will () None		
	on since last assessment	t: \(\sum \text{Yes} \) \(\sum \text{No - if yes, explain:} \)		
Infection	unouis.			
Dehydration				
Constipation	A 2 5 1	and the state of the state of		
Chronic Diagnosis:	Herry four june,	COPP, Vent, Pea Jube A Fib, Englothyroich		
Hermon	5	J v.		
Mental Status:	-El Alert	☐ Cognitively impaired ☐ Dementia ☐ Alzheimer's		
Behavior:	☐ Well adjusted	·		
1	☐ Verbally abusive			
	☐ Physically abusive	☐ Behavior management problem		
Explain:				
Psychotropics:	√ Yes □ No	Effective: 🗆 Yes 🗆 No		
Side effects:	☐ Yes ☐ No	If yes, explain:		
Incontinent:	☐ Yes ☐ No	□ Bladder □ Bowel □ Ostomy:		
Appliances:	☐ Yes ☐ No	☐ Condom Catheter ☐ Toileting schedule		
	☐ Foley Catheter –	Size		
	Other	al s		
Department of the contract of				
Skin condition:	Intact	□ Pressure sore □ Stage/Location:		
	☐ Burns/wounds	☐ Foot problem ☐ Stasis ulcer:		
Nutritional Status:	☐ Current weight	130-8 lbs / Milmonia,		
Weight Change:	□ No □ Gain	lbs DLoss 4.2 lbs.		
PLAN:		ecial diet		
Other:		A A		
Diagnosis for NG/G	Tube: DUSPIA	ana		
Tube site treatment:	Clean E	on's		
Pain Management Program: Yes No - If yes, progress since last assessment:				
in terescet 5/325 m 798hrs				
Accidents/Incidents:	□ Yes □N	o - If yes, explain:		

Contractures:	□ No - If yes, explain:		_
	/		
Restorative PT: Yes	□ No Reason:		
Tx Time/Wk:	Bed mobility:		-
Transfer: Restorative OT:	Zi No Reason:		-
Tx Time/Wk:	ADL's:		-
Transfer:	Feeding skills:		
Restorative ST:	No Reason:		-
Tx Time/Wk:			
DO ATODO TEODO TOTAL TOTAL	☐ Seatbelts ☐ APS	☐ Belt restraint ☐ Lapboard	
☐ Full si	/	ails	1
Medical diagnosis/symptoms for	or restraint:		Command
Skin Assessment		Monthly Exam & Assessment	
Stage I	_ Size	Include Abnormal Labs/X-rays/EKG	
Stage II	Size	Aed-Wen	
Stage III	Size	Egn EDM+ Potech	
Stage IV	Size	Wed Spr Fm (P) Inls	
Stasis ulcer	Size	12d-149	
Medical Conditions		4. O45	J.
□ Vegetative State	☐ Comatose	My & Bery	
☐ Internal Bleeding	☐ Dehydration	the orlin	
☐ Terminally Ill	□ MRSA □ VRE	1-81 40100	
☐ Chronic Constipation	□ C-Diff		
Medical Treatments		Consultations/Special Tests	
Tracheostomy Care	Suctioning	Wetlen - all T Cill Fely to git	
Z Oxygen	☐ Transfusion	to the second se)
☐ Nasal Gastric Feeding	☐ Parenteral Feeding	•	
☐ Wound Care	☐ Chemotherapy		
☐ Catheter(Indwelling)	☐ Physical Restraints	. 1	
Behavior Problems	☐ Non Compliant	Goals/Plans 5hh wf . I walm	
10	•	, Rel Fry	
Drug Regimen Reviewed			
Interaction/Side EffectOther remarks:			
			i
Physician's Signature:		Date:	
1			

	PHYSICIAN'S MONTHLY PROGRESS NOTES		
Resident Name	RAVVIOR March Rm#: 257A BP 118/56 WT/40 TPR/009-75		
Allergies: N.J.			
DNR -Reviewed	and Renewed: () Yes () Not Applicable		
Advance Directiv			
Change in condit	ion since last assessment: Yes \(\sigma\) No - if yes, explain: \(\con \sigma\) explain: \(\con \sigma\)		
Infection	elyacoch		
Dehydration			
Chronic Diagnosis	:: RF-) ventdyp, caro AFB, I thy win TORP		
Cilionic Diagnosis			
Mental Status:	☐ Alert ☐ Cognitively impaired ☐ Dementia ☐ Alzheimer's		
Behavior:	☐ Well adjusted ☐ Depressed ☐ Anxious ☐ Wanders		
Dellavior.	☐ Verbally abusive ☐ Socially inappropriate		
Ø 1	☐ Physically abusive ☐ Behavior management problem		
Explain:	and I my steamy dediction and benefit of the processing		
LApiani.			
	, and the second		
D 1	Yes No Effective: Yes No		
Psychotropics:			
Side effects:	Yes No If yes, explain:		
Incontinent:	Yes No Bladder Bowel Ostomy:		
Appliances:	☐ Yes ☐ No ☐ Condom Catheter ☐ Toileting schedule		
	☐ Foley Catheter – Size		
	□ Other		
Skin condition:	☐ Intact ☐ Pressure sore ☐ Stage/Location:		
	Burns/wounds		
skin	tell a shin		
Nutritional Status:			
Weight Change:	Tho Gainlbs Losslbs.		
PLAN:	□ IV fluids □ Special diet □ Supplements □ NG tube □ G Tube		
Other:			
Diagnosis for NG/			
Tube site treatmen	t:		
Pain Management Program: Vyes			
L	makes tat go por		
<i>'</i>			
Accidents/Incident	s:		
1	/-		

Contractures: Yes	□ No - If yes, explain	: BUE
Restorative PT: Tx Time/Wk: Transfer: Restorative OT: Tx Time/Wk: Transfer: Restorative ST: Tx Time/Wk:	Ambulation: No Reason: ADL's: Feeding skills	
Devices/Restraints: ☐ No ☐ Full s Medical diagnosis/symptoms for	, ,	
Skin Assessment		Monthly Exam & Assessment
Stage I 🔲 Site	_ Size	Include Abnormal Labs/X-rays/EKG
Stage II	Size	
Stage III	Size	lan chom was
Stage IV	Size	
Stasis ulcer	Size	UNM SIJU O
N. 11 . 15 . 111	,	How BC + 24
Medical Conditions		CARRIE COMPANY
☐ Vegetative State	☐ Comatose	CONT -> VIVIV
☐ Internal Bleeding	☐ Dehydration	10 2 ph Ol Solm
☐ Terminally Ill	□ MRSA □ VRE	Morning
☐ Chronic Constipation	□ C-Diff	- Lupp
Medical Treatments		Consultations/Special Tests
Tracheostomy Care	El Suctioning	WMI of bourson
Oxygen	☐ Transfusion	Colomo Solomo
☐ Nasal Gastric Feeding	☐ Parenteral Feeding	a de la companya de l
☐ Wound Care	☐ Chemotherapy	98 M 597 / VICON
☐ Catheter(Indwelling)	☐ Physical Restraints	The L
Behavior Problems	☐ Non Compliant	Goals/Plans
Drug Regimen Reviewed Interaction/Side Effect Other remarks: Physician's Signature:		Date: 22108

PHYSICIAN'S MONTHLY PROGRESS NOTES

Resident Name: Marron Rm#: 332 BP 58 WT 154.2 TPR 97.7-78 Allergies:				
DNR -Reviewed as	nd Renewed: (>) Yes () Not Applicable			
Advance Directive				
Change in condition	on since last assessment: Yes No - if yes, explain:			
Infection				
Dehydration				
Constipation				
Chronic Diagnosis:	Resp Failure Tuent, astroparisse, ETO Habuse, 1 Chol			
Mental Status: Behavior:	☐ Alert ☐ Cognitively impaired ☐ Dementia ☐ Alzheimer's ☐ Well adjusted ☐ Depressed ☐ Anxious ☐ Wanders ☐ Verbally abusive ☐ Socially inappropriate ☐ Physically abusive ☐ Behavior management problem ☐ Alzheimer's ☐ Wanders			
Explain:				
Psychotropics: Side effects:	XYes □ No Effective: □ Yes □ No □ Yes □ No If yes, explain: □ turen \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
Incontinent: Appliances:	□ Yes □ No □ Bladder □ Bowel □ Ostomy: □ Yes □ No □ Condom Catheter □ Toileting schedule □ Foley Catheter □ Size □ Other			
Skin condition:	☐ Pressure sore ☐ Stage/Location: ☐ Burns/wounds ☐ Foot problem ☐ Stasis ulcer: ☐			
Nutritional Status:	Dicurrent weight \5 \lambda, \2 lbs			
Weight Change: PLAN: Other: Diagnosis for NG/C Tube site treatment:	□ No □ Gain lbs □ Loss lbs. □ IV fluids □ Special diet □ Supplements □ NG tube □ G Tube G Dube:			
Pain Management Program: De Yes Do - If yes, progress since last assessment:				
Accidents/Incidents	:			

Contractures:	(es □ No - If yes, explain	: BU Eartemetres
Restorative PT:		
Restorative OT:	es No Reason: ADL's:	
Transfer: Restorative ST:		
Devices/Restraints: R R Medical diagnosis/sympton	ull siderails	Belt restraint Lapboard Lapboard Dother Doing Millens
Skin Assessment	V	Monthly Exam & Assessment
Stage I Site	Size	Include Abnormal Labs/X-rays/EKG
Stage II	Size	n/11
Stage III	Size	
Stage IV	Size	
Stasis ulcer	Size	
Medical Conditions		ANP BIM
☐ Vegetative State	☐ Comatose	0.0
☐ Internal Bleeding	☐ Dehydration	
☐ Terminally Ill	□ MRSA □ VRE	CHUN II
☐ Chronic Constipation	☐ C-Diff	molyphin
Medical Treatments		Consultations/Special Tests
Tracheostomy Care	Suctioning	
⊠ Oxygen	☐ Transfusion	
☐ Nasal Gastric Feeding	☐ Parenteral Feeding	
☐ Wound Care	☐ Chemotherapy	$(//) \rightarrow OCOL$
☐ Catheter(Indwelling)	Physical Restraints	UVFtal
Behavior Problems	□ Non Compliant	Goals/Plans
Drug Regimen Reviewed Interaction/Side Effect Other remarks:		
Physician's Signature:		Date: 3 13 08

	PHYSICIAN'S MONTHLY PROGRESS NOTES			
Allergies: N	Kayron Mayron Rm#: 1304 BP 100/60 WT/36 TPR988012 and Renewed: () Yes () Not Applicable			
DNK – Keviewed ar Advance Directive				
	on since last assessment: Yes Yes Yes Yes Yes Yes, explain:			
Dehydration				
Constipation	A contract to a three of the			
Chronic Diagnosis:				
Mental Status:	☐ Alert ☐ Cognitively impaired ☐ Dementia ☐ Alzheimer's			
Behavior:	☐ Well adjusted ☐ Depressed ☐ Anxious ☐ Wanders			
	☐ Verbally abusive ☐ Socially inappropriate ☐ Physically abusive ☐ Behavior management problem			
Explain:	El Hysicany additive El Deliavior management producti			
Psychotropics:	Yes No Effective: No			
Side effects:	☐ Yes ☐ No If yes, explain:			
)				
Incontinent:	Yes No Bladder Bowel D'Ostomy:			
Appliances:	☐ Yes ☐ No ☐ Condom Catheter ☐ Toileting schedule			
	☐ Foley Catheter – Size			
	Other			
Skin condition:	☐ Intact ☐ Pressure sore ☐ Stage/Location:			
Skin condition:	☐ Intact ☐ Pressure sore ☐ Stage/Location: ☐ Burns/wounds ☐ Foot problem ☐ Stasis ulcer:			
	Li Dunis Wounds Li Foot problem Li Stasis dicer.			
	dilling to Coak			
Nutritional Status:	□ Current weight 36 lbs Loss 62 lbs.			
Weight Change: PLAN:	□ No □ Gain			
Other:	C 1 4 110109 C Special diet C Supplements C 140 (noe Cris 140e			
Diagnosis for NG/G	Tube: Ottophana Salow			
Tube site treatment:				
Pain Management P	rogram: DYes			
)				
Accidents/Incidents:	: Yes No - If yes, explain:			
Accidents/ andluctills.	Yes No - If yes, explain:			

Contractures:	Q Yes	□ No - If yes, expla	ain:
Restorative PT: Tx Time/Wk: Transfer:	☐ Yes	Bed mobility	ity:n:
Restorative OT: Tx Time/Wk:		□ No Reason: ADL's:	
Transfer:	□ Yes	TO	ills:
Devices/Restraints: Medical diagnosis/sy	☐ Full sid	/	4
Skin Assessment			Monthly Exam & Assessment
Stage I Site		Size	Include Abnormal Labs/X-rays/EKG
Stage II Site		Size	MCM'
Stage III		Size	Lyp. LIBS Of the
Stasis ulcer		Size	121- AA
Medical Conditions		· .	EX GULCH
☐ Vegetative State		☐ Comatose	
☐ Internal Bleeding		☐ Dehydration	
☐ Terminally III		OMRSA OVRE	Turblaill Ments Spl
☐ Chronic Constipati	on	O C-Diff	
Medical Treatments		/.	Consultations/Special Tests
Li Trácheostomy Car	е	D Suctioning	Speck Thomas
Z Oxygen		Transfusion	Speech Cleary
☐ Nasal Gastric Feed	ing	Parenteral Feeding	g / hyd / hm
☐ Wound Care		☐ Chemotherapy	1
☐ Catheter(Indwellin	3)	☐ Physical Restraint	ts .
☐ Behavior Problems	3	☐ Non Compliant	Goals/Plans (I () Tx /
Drug Regimen Review Interaction/Side Effect Other remarks:	A.Tribermonisteria		
Physician's Signature	: And	2	Date: 4/1/4

]	PHYSICIAN'S I	MONTHLY PROGRI	ESS NOTES	
D : 1 AN /	axxm Max	MONTHLY PROGRI	10/60 WT /36	TPR 98 80 /2
Kesident Name:	None	NIIIIII JOYY DI	, , , , , , , , , , , , , , , , , , , ,	
DNR -Reviewed and	n Kenewedi 1771 Yes	1 NOL ADDITUADIC		
Advance Directives	: () DNI	() Health Care Proxy () Living Will (None
Change in condition	n since last assessment	: Pres No - if yes, expl	lain:	
Infection U7	I			
Dehydration				
Constipation	D	OPD, A.Fib, Hypot	to maide Brook	
Chronic Diagnosis:	Cerp-Fourwre-C	OM, A.P. O. FORDI	rigo DI Ocsil	
Mental Status:	Alert	☐ Cognitively impaired	☐ Dementia	☐ Alzheimer's
Behavior:	☐ Well adjusted		☐ Anxious	☐ Wanders
		☐ Socially inappropriate		
		☐ Behavior management pro	blem	
Explain:	a a s			
Psychotropics:	⊸□ Yes □ No	Effective:	s 🗆 No	
Side effects:	☐ Yes ☐ No	If yes, explain:	8 6	
Incontinent:	Yes No	Bladder Bowel		
Appliances:	☐ Yes ☐ No	☐ Condom Catheter		dule
	☐ Foley Catheter – ☐ Other	Size	_	
	Li Ottlei			
Skin condition:	Intact	☐ Pressure sore ☐ Sta	ge/Location:	
	☐ Burns/wounds	☐ Foot problem ☐ Star	sis ulcer:	
Skin tears	on (2) unit	(A) hand		7
Nutritional Ctatus	DC.	12/0 11-		
Nutritional Status: Weight Change:	☐ Current weight ☐ No ☐ Gain	lbs lbs	Loss	lbs.
PLAN:	□ IV fluids □ Spe		□ NG tube	☐ G Tube
Other:	_ i i i i i i i i i i i i i i i i i i i	botal diet in puppiettiettis	140 tabe	
	Diagnosis for NG/G Tube:			
Tube site treatment:				
Pain Management Program: ☐ Yes ☐ No - If yes, progress since last assessment:				
Accidents/Incidents:	☐ Yes ☑ No	o - If yes, explain:		

Contractures:	Yes □ No - If yes, explain	1:
Restorative PT: Tx Time/Wk: Transfer:	Yes No Reason: Bed mobility	•
	Yes D'No Reason:	
Transfer:	Feeding skill:	S:
TA TIME WK.	/	
Devices/Restraints:	Full siderails $\square \frac{1}{2}$ side	ı
		Th. 47 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Skin Assessment		Monthly Exam & Assessment
Stage I	Size	Include Abnormal Labs/X-rays/EKG
Stage II	Size	Hed-NUT
Stage III	Size	Hel Mil
Stage IV D.8ite	Size	las Clay buy &
Stasis ulcer	Size	Ly Clay Bull a Los Sol D Oz
Medical Conditions		ASL SUR ONTUN
□ Vegetative State	☐ Comatose	EN - OJATEL
☐ Internal Bleeding	☐ Dehydration	
☐ Terminally Ill	□ MRSA □ VRE	DGM-Anen
☐ Chronic Constipation	□ C-Diff	Juge Ald
Medical Treatments		Consultations/Special Tests
D Tracheostomy Care	□-Suctioning	By Cal will Thomps
□ Oxygen	☐ Transfusion	
☐ Nasal Gastric Feeding	☐ Parenteral Feeding	
☐ Wound Care	☐ Chemotherapy	
☐ Catheter(Indwelling)	☐ Physical Restraints	
☐ Behavior Problems	D Non Compliant	Goals/Plans Col cut/ Tx -/2
Drug Regimen Reviewed Interaction/Side Effect Other remarks:		8 h inthe for stant
		Data: 5/3/2
Physician's Signature:	X 1/	Date: 5/3/4

	PHYSICIAN'S I	MONTHLY PROGRESS NOTES		
Allergies:	None	ron Rm#: 130A BP 10% WT 141 TPR 98 841		
DNR –Reviewed and	d Renewed: () Yes			
Advance Directives		() Health Care Proxy () Living Will () None		
Infection 1 den Dehydration	n since last assessment y - U/A-G/S	Yes No - if yes, explain:		
	1			
Chronic Diagnosis:	Pleys Farture	COPD Vent, AFib hypothy or i dism		
	V			
The state of the s		☐ Cognitively impaired ☐ Dementia ☐ Alzheimer's		
	☐ Well adjusted			
		☐ Socially inappropriate ☐ Behavior management problem		
77 1 1	Li i nysicany abusive			
2				
Psychotropics:	☐ Yes ☐ No	Effective:		
Side effects:	☐ Yes ☐ No	If yes, explain:		
Incontinent:	Yes No			
Appliances:	☐ Yes ☐ No ☐ Foley Catheter –	☐ Condom Catheter ☐ Toileting schedule		
	☐ Other	Size		
Skin condition:	☐ Intact	☐ Pressure sore ☐ Stage/Location:		
	☐ Burns/wounds	□ Foot problem □ Stasis ulcer:		
		•		
Nutritional Status:	D Current weight	14/ lbs		
Weight Change:	□ No □ Gain	lbs Loss lbs.		
PLAN:	-	ecial diet		
Other:	- Transas - Spe	Sold diet in Supplements in 140 tube		
Diagnosis for NG/G Tube: DYALLOTTE SMALON (S)				
Tube site treatment:				
Pain Management Program: No - If yes, progress since last assessment:				
	,			
Accidents/Incidents:		16		
Accidents/Incidents:				

Contractures:	es □ No - If yes, explain:_	
Restorative PT:	Bed mobility:	
Restorative OT: Y	es [2] No Reason:	
Transfer:	Feeding skills:	
Restorative ST:	es DNo Reason:	
Devices/Restraints: No	ıll siderails 🔲 ½ siderai	☐ Belt restraint ☐ Lapboard Is ☐ Other
Skin Assessment		Monthly Exam & Assessment
Stage I	Size	Include Abnormal Labs/X-rays/EKG
Stage II	Size	NAT
Stage III	Size	,
Stage IV Site	Size	ETTHE
Stasis ulcer		Ly-1B5 Ptal . Vy
		The-for
Medical Conditions	☐ Comatose	13/1-12/W/15/L
☐ Vegetative State	☐ Dehydration	
☐ Internal Bleeding	☐ MRSA ☐ VRE	
☐ Terminally III		while input
☐ Chronic Constipation	□ C-Diff	4)H 3M
Medical Treatments		Consultations/Special Tests
☐ Tracheostomy Care	☐ Suctioning	
☐ Oxygen	☐ Transfusion	
☐ Nasal Gastric Feeding	☐ Parenteral Feeding	
☐ Wound Care	☐ Chemotherapy	
☐ Catheter(Indwelling)	☐ Physical Restraints	· · · · · · · · · · · · · · · · · · ·
☐ Behavior Problems	☐ Non Compliant	Goals/Plans Col Col To Ch
Drug Regimen Reviewed Interaction/Side Effect Other remarks:		
Physician's Signature:	\sim	Date: 6/2/6/

		PHYSICIAN'S MONTHLY PROGRESS NOTES
)	Desident Names	Carron manon Rm#: 130A BP 1960 WT 13876 TPR 98 8812
	Allergies:	None
	DNR -Reviewed	and Renewed: () Yes () Not Applicable
	Advance Directiv	
-		ion since last assessment: Yes No - if yes, explain:
	Infection	
	Dehydration	
	Constipation	
ĺ	Chronic Diagnosis	: Resp Facture, Colo, A. Fib, Hypothy sordim.
١.		
1	Mental Status:	
	Behavior:	☐ Well adjusted ☐ Depressed ☐ Anxious ☐ Wanders
1		☐ Verbally abusive ☐ Socially inappropriate ☐ Physically abusive ☐ Behavior management problem
	Evnlain.	Hilysicany abusive - Benavior management problem
	Lapidiii.	
[* `	
	Psychotropics:	Pyes No Effective: Pyes No
	Side effects:	☐ Yes ☐ No If yes, explain:
	ÿ	
)		
	Incontinent:	Yes No Bladder Bowel Ostomy:
	Appliances:	☐ Yes ☐ No ☐ Condom Catheter ☐ Toileting schedule
		☐ Foley Catheter – Size
		Other
Γ	Skin condition:	✓□ Intact □ Pressure sore □ Stage/Location:
	Skin condition:	✓☐ Intact ☐ Pressure sore ☐ Stage/Location: ☐ Burns/wounds ☐ Foot problem ☐ Stasis ulcer:
		Li Bullis woulds Li Foot problem Li Stasis ulcer.
1		
_		
	Nutritional Status:	Current weight 138:3 lbs
	Weight Change:	□ No □ Gain lbs □ Loss □ lbs.
-	PLAN:	☐ IV fluids ☐ Special diet ☐ Supplements ☐ NG tube ☐ G Tube
	Other:	2 T. L
	Diagnosis for NG/O Tube site treatment	
L	one dediment	
	Pain Management l	Program: Yes No - If yes, progress since last assessment:
		Jes, progress surve tust assessment.
-		
1	Accidents/Incidents	s:

Contractures:	☐ Yes ☐ No - If yes, e	xplain:
Restorative PT:	☐ Yes ☐ No Reason:	
Tx Time/Wk:		bility:
Transfer:Restorative OT:	☐ Yes ☐ No Reason:	ation:
Tx Time/Wk:	ADL's:	
Transfer:	Feeding	skills:
Restorative ST:	☐ Yes ☐ No Reason:	
Tx Time/Wk:		
Devices/Restraints:	□ No □ Seatbelts □ A □ Full siderails □ ½	APS
Medical diagnosis/syr		2 Studies La Outer
Skin Assessment	,	Monthly Exam & Assessment
Stage I	Size	Include Abnormal Laba/X-rays/EKG
Stage II		Hed-NM Pont.
Stage III		
Stage IV	Size	Huh KA
Stasis ulcer	Size	Ly CTM
Medical Conditions	8-	M) COST NTM
□ Vegetative State	☐ Comatose	10 0 1 1 c 10
☐ Internal Bleeding	☐ Dehydration	EXPULEM
☐ Terminally Ill		RE
☐ Chronic Constipation		
_		Consultations/Special Tests
Medical Treatments	☐ Suctioning	e-transfer season and former and transfer or a season to the company of the compa
☐ Tracheostomy Care ☐ Oxygen	☐ Transfusion	Contra with Theory
□ Nasal Gastric Feedi		eding
☐ Wound Care	☐ Chemotherapy	•
☐ Catheter(Indwelling		
☐ Behavior Problems	☐ Non Complian	\mathcal{I}
Davis Davis	wed D	
Drug Regimen Revie Interaction/Side Effect	1	
Other remarks:		
D1		Date: (1) 3 vl in
Physician's Signature:		Date. M/MM

PHYSICIAN'S MUNTHLY PROGRESS NOTES			
Resident Name: Karron Marron Rm#: 1304 BP 100 60 WT 150 TPR9 82			
Allowings AM			
Allergies: Now One			
Advance Directives: () DNI () Health Care Proxy () Living Will () None			
Advance Directives: () Divi () Health Calc Floxy () Elving with (21) Floring			
Change in condition since last assessment: No - if yes, explain:			
Infection			
Dehydration NGT feedry so Asparation Constipation Chronic Diagnosis: New Factor Cold, A. G. b. My pothy readism			
Constipation			
Chronic Diagnosis: Very Factor Coll, Hill My Storm			
<i>y</i>			
Mental Status: ☐ Alert ☐ Cognitively impaired ☐ Dementia ☐ Alzheimer's			
Behavior:			
☐ Verbally abusive ☐ Socially inappropriate			
☐ Physically abusive ☐ Behavior management problem			
Explain:			
Psychotropics:			
Side effects: \square Yes \square No If yes, explain:			
Side effects.			
Incontinent:			
Appliances:			
□ Foley Catheter – Size			
□ Other			
Skin condition:			
☐ Burns/wounds ☐ Foot problem ☐ Stasis ulcer:			
Nutritional Status: Current weight 10 lbs States in N4T feety 1/1/20			
Weight Change: \square No \square Gain // \square lbs \square Loss \square lbs.			
PLAN:			
Other:			
Diagnosis for NG/G Tube: Warration			
Tube site treatment: GI I val rending for possible deg Tube			
Pain Management Program: Yes No - If yes, progress since last assessment:			
Accidents/Incidents:			
and A co on pitchin.			

Contractures: Yes	□ No - If yes, explain:	
Restorative PT:	Bed mobility: Ambulation: Reason: ADL's:	
Transfer: Restorative ST: D Yes Tx Time/Wk:	Peeding skills:	
Devices/Restraints: No I Full sign Medical diagnosis/symptoms for	derails 🔲 ½ siderails	t restraint
Skin Assessment		Monthly Exam & Assessment
Stage I	Size	Include Abnormal Labs/X-rays/EKG
Stage II	Size	NGAT P. NGT
Stage III	Size	Hed-RA
Stage IV	Size	
Stasis ulcer	Size	Lyp. MM
Dualis taves / bed Site	S. Adda V.	Hoder A
Medical Conditions		Ed. Peletern
Vegetative State	☐ Comatose	e coppe
☐ Internal Bleeding	☐ Dehydration	
☐ Terminally III	□MRSA □VRE	
☐ Chronic Constipation	□ C-Diff	
Medical Treatments		Consultations/Special Tests
1 Tracheostomy Care	2 Suctioning	NAT NOT
□ Oxygen	☐ Transfusion	Any 6I and (1)
Nasal Gastric Feeding	☐ Parenteral Feeding	And 67 and 61
☐ Wound Care	☐ Chemotherapy	
☐ Catheter(Indwelling)	☐ Physical Restraints	
☐ Behavior Problems	□ Non Compliant	Goals/Plans latend. G-leph
Drug Regimen Reviewed D Interaction/Side Effect Other remarks:		
Physician's Signature:		Date:

.

	PHYSICIAN'S MONTHLY PROGRESS NOTES
1	Resident Name: 1(array Mayray Rm#:/30A BP WT/35 TPR 98 -80 L
	DNR –Reviewed and Renewed: () Yes () Not Applicable
	Advance Directives: () DNI () Health Care Proxy () Living Will () None
I	
	Change in condition since last assessment: Yes No - if yes, explain:
	Dehydration
	Constipation
ĺ	Chronic Diagnosis: le mo baulure, Vent, malnum him, Coll, Alib
-	Mental Status:
1	Behavior:
	☐ Verbally abusive ☐ Socially inappropriate
	☐ Physically abusive ☐ Behavior management problem
	Explain:
	ALTE PROGRAM
	·
Г	
	Psychotropics: Yes No Effective: No
	Side effects:
	Incontinent:
1	Appliances: ☐ Yes ☐ No ☐ Condom Catheter ☐ Toileting schedule
-	☐ Foley Catheter – Size
	□ Other
1	Skin condition:
1	□ Burns/wounds □ Foot problem □ Stasis ulcer:
	Stago I Primise aleu sacrim
	The state of the s
Γ	Nutritional Status: Current weight /3 lbs
	Weight Change: ☐ No ☐ Gain lbs ☐ Loss lbs. PLAN: ☐ IV fluids ☐ Special diet ☐ Supplements ☐ LNG tube ☐ G Tube
	PLAN:
	Diagnosis for NG/G Tube: Dysphafie. Tube site treatment:
	Tube site deadlient:
	D'A
	Pain Management Program: Yes No - If yes, progress since last assessment:
	Oty Codone (APAP S/305 T 9,8 km PRV
1	Accidents/Incidents:

Contractures:	□ Yes	□ No - 1	If yes, explain:		
	anna anna anna an ann an anna ann an ann an a		and the state of t		
Restorative PT: Tx Time/Wk:			Reason: Bed mobility:		
Tx Time/Wk:	ПYes	1 No	Ambulation: Reason: ADL's:		
Transfer:	□ Yes	D.No	Feeding skills:		
Devices/Restraints: Medical diagnosis/sy	🗹 Full si		S APS D	Belt restraint	☐ Lapboard ☐ Other
Skin Assessment				Month	ly Exam & Assessment
Stage I C Site		Size			Abnormal Labs/X-rays/EKG
Stage II Z Site					AT-BALLUP
Stage III			561		y ·
Stage IV Site					-KA
Stasis ulcer				lya	com
				Ash	1 d BS surpho
Medical Conditions			1000		COVINE A
☐ Vegetative State		O Coma		1281	CYVIVIU PG
☐ Internal Bleeding		□ Dehyd			
☐ Terminally III			VRE		
☐ Chronic Constipati	on	C-Diff			
Medical Treatments				Consults	ations/Special Tests
Tracheostomy Care	b	- Suctio	ning		1 1 1 de alor
☑ Oxygen		☐ Transf	usion	Sall	6-In plan in Think
Nasal Gastric Feed	ing	☐ Parent	eral Feeding		
Wound Care		Chemo	otherapy		
☐ Catheter(Indwellin	g)	☐ Physic	al Restraints		
☐ Behavior Problems		□ Non C	ompliant	Goals/Pl	ans Col Coul Tr
Drug Regimen Revieunteraction/Side Effect Other remarks:	1				
				F	nA. A
Physician's Signature:	A			Date:	8/2-34
	y				-

	PHYSICIAN'S MONTHLY PROGRESS NOTES
Resident Name:	USTON Mana Rm#:/301 BP 1/35 TPR 28 70 66
Allermes ///01/	ΛO_{-}
	d Renewed: (Yes () Not Applicable
Advance Directives	
Change in condition Infection	n since last assessment: \(\text{Yes} \) \(\text{No} \) - if yes, explain: \(\text{Yes} \)
Dehydration	
Constipation	
Chronic Diagnosis:	ETOH Abuse. Typothypoidism, OA OP-Ven
Mental Status:	☐ Alert ☐ Cognitively impaired ☐ Dementia ☐ Alzheimer's
	☐ Well adjusted ☐ Depressed ☐ Anxious ☐ Wanders
	□ Verbally abusive □ Socially inappropriate
	☐ Physically abusive ☐ Behavior management problem
Explain:	
Psychotropics:	✓ Yes ☐ No Effective: ☐ Yes ☐ No
Side effects:	☐ Yes ☐ No If yes, explain:
Incontinent:	☐ Yes ☐ No ☐ Bladder ☐ Bowel ☐ Ostomy:
Appliances:	☐ Yes ☐ No ☐ Condom Catheter ☐ Toileting schedule
	☐ Foley Catheter – Size
	□ Other
Skin condition:	□ Intact □ Pressure sore □ Stage/Location: Stage I - Sacrumy □ Burns/wounds □ Foot problem □ Stasis ulcer: □
Nutritional Status:	Current weight 3 lbs
	□ Current weight 10s 10s 1bs □ Loss 1bs.
Weight Change:	
PLAN:	□ IV fluids □ Special diet □ Supplements □ NG tube □ GTube
Other:	Tuber MADA AL C
Diagnosis for NG/G	
Tube site treatment:	Clan GT Sk (NS opply mylanta
D ! 14	
Pain Management Pr	ogram: Yes No - If yes, progress since last assessment:
Accidents/Incidents:	☐ Yes ☐ No - If yes, explain:

Contractures:	I Yes I	□ No - If yes, expl	ain:	
	rengun kijin qilmiş ilini şalqırında kurasısılırı şalqırı muğunlar de Elen isi. 420 yığılanıyılığını siyayildiri			
Restorative PT:	l Yes [No Reason:		
Tx Time/Wk:		Bed mobil	ity:	
Transfer: Restorative OT:	l Yes J	Ambulatio	n:	
Tx Time/Wk:	J I CS	ADL's:		
Transfer:		/ Feeding sk	ills:	
Restorative ST:	l Yes [No Reason:		
Tx Time/Wk:				
Devices/Restraints: Z	INO E	Seatbelts DAPS	Belt restraint	☐ Lapboard
	I Full side		derails	☐ Other
Medical diagnosis/symp	otoms for	restraint:		
Skin Assessment			Month	nly Exam & Assessment
Stage I				Abnormal Labs/X-rays/EKG
Stage II Site 5	olpm.	Size 2 x 2x	o. Her	1-NCAL
		Size	be	EMI
Stage IV Site_		Size	Na	Pholoph a Respil
Stasis ulcer		Size		· RN
Medical Conditions				195 cm
☐ Vegetative State	E	☐ Comatose	,	SOFF
☐ Internal Bleeding		☐ Dehydration	14	Bow shifth on
☐ Terminally Ill		□MRSA □VRE		3M 2 ppm
		□ C-Diff	1	
☐ Chronic Constipation	l		lne	in To h My Tap
Medical Treatments			Consult	tations/Special Tests
Tracheostomy Care		2 Suctioning		
_D Oxygen		☐ Transfusion		
□ Nasal Gastric Feeding	g	☐ Parenteral Feeding	ng	
D-Wound Care		☐ Chemotherapy		*
☐ Catheter(Indwelling)		☐ Physical Restrain		1 - 1 -
☐ Behavior Problems		☐ Non Compliant	Goals/P	lans Lel Cel Tr
Drug Regimen Reviewe	ed Th			12 the
Interaction/Side Effect	CONTRACTO DISCONTINUES			, × 0 W 1
Other remarks:				
	(1)			in/ xilu
Physician's Signature:	1/1/		Date:_	Mostal

	PHYSICIAN'S MONTHLY PROGRESS NOTES					
)	Desident Names	Salan & Make	(U) Rm#: 130A BP 160 WT 136 TPR 99-86-			
	Allergies:	190000	RIII#: / > // Dr VV I PX III C			
	DNR -Reviewed and	d Renewed: () Yes (() Not Applicable			
	Advance Directives	: () DNI (() Health Care Proxy () Living Will () None			
	Change in condition	since last assessment: [☐ Yes ☐ No - if yes, explain:			
	Infection	neuronin				
	Dehydration/					
	Constipation	Root 1 5	- Jent, COPD, joy tube, A Fib,			
	Chronic Diagnosis:	top feeles	7000, 001 0; 10g 0017, 1110,			
) [Mental Status:	D'Alert C	☐ Cognitively impaired ☐ Dementia ☐ Alzheimer's			
		☐ Well adjusted ☐	☐ Depressed ☐ Anxious ☐ Wanders			
		3	☐ Socially inappropriate			
		· · · · · · · · · · · · · · · · · · ·	Behavior management problem			
_						
	Psychotropics:	Yes No	Effective: Yes No			
	Side effects:	☐ Yes ☐ No	If yes, explain:			
L						
-	T	☑ Yes ☐ No 1	Bladder Bowel Dostomy:			
1	Incontinent: Appliances:		☐ Condom Catheter ☐ Toileting schedule			
	Appliances.		Size			
L						
	Skin condition:	🖸 Intact	☐ Pressure sore ☐ Stage/Location:			
		☐ Burns/wounds ☐	☐ Foot problem ☐ Stasis ulcer:			
1						
1.						
Γ	Nutritional Status:	Current weight	/3 \(\tag{lbs}			
	Weight Change:	□ No □ Gain	lbs			
	PLAN:	☐ IV fluids ☐ Speci				
- 1	Other:	D i vitales D speci	and diet Estappienents Estate			
	Diagnosis for NG/G	Tube: Lysplager				
	Tube site treatment:	NSWASL				
_						
	Pain Management Pr		- If yes, progress since last assessment:			
L		percocos	5/376 791			
	A					
1	Accidents/Incidents:	☐ Yes ☐ No	- If yes, explain:			

Contractures:	□ Yes	DNo - II	f yes, explain:		
Tx Time/Wk: Transfer:			Ambulation:		
Restorative OT: Tx Time/Wk: Transfer:	□ Yes		ADL's:		
	D Yes		Reason:		
Devices/Restraints: Medical diagnosis/syn	☐ Full si		□ APS □ ½ sidera	☐ Belt restraint ills	☐ Lapboard ☐ Other
Skin Assessment			2	Month	ly Exam & Assessment
Stage I D Site		Size			Abnormal Labs/X-rays/EKG
Stage II	COLUMNIC ON A CONTROL OF THE STATE OF THE ST	Size	or matterplant (CSI) all in short over any addition of the	Anole,	
Stage III		Size	,	11 1- ACAT	eno, elimb
Stage IV Site		Size		Ment To on	i Chad
Stasis ulcer		Size			
Medical Conditions Uegetative State	ī	□ Comate	ose	Clut. CTA ILT TOM Mid: Sully	NO. OBS PARTS.
☐ Internal Bleeding		□ Dehydi	ration	ent-oclet	
☐ Terminally Ill		☐ MRSA	□ VRE	ent - Otto	,
Chronic Constipation	on	C-Diff			
Medical Treatments				Consult	ations/Special Tests
Tracheostomy Care		[2] Suction	ning	0.1	my (or acm
🗹 Oxygen		☐ Transfi	usion	puvu	my covocco
Nasal-Gastric Feedi	ng	☐ Parente	eral Feeding		
☐ Wound Care		☐ Chemo	therapy		
☐ Catheter(Indwelling	()	☐ Physica	al Restraints		
☐ Behavior Problems		□ Non Co	ompliant	Goals/Pl	a and a second s
Drug Regimen Review Interaction/Side Effect Other remarks:		. Ø			Menzin
Physician's Signature:	-			Date:	MAN
any sivietal o organismo.		7			

PHYSICIAN'S MONTHLY PROGRESS NOTES

	on Manon Rm#: 130A BP WT TPR
Allergies:	enewed: () Yes () Not Applicable
Advance Directives:	() DNI () Health Care Proxy () Living Will () None
	nce last assessment: Yes No - if yes, explain:
Infection	
DehydrationConstipation	
Chronic Diagnosis:	of Failure Cold Vent, A. Fib, hypothyroidism
Mental Status:	Alert ☐ Cognitively impaired ☐ Dementia ☐ Alzheimer's
	Well adjusted ☐ Depressed ☐ Anxious ☐ Wanders
	Verbally abusive ☐ Socially inappropriate
	Physically abusive Behavior management problem
Explain:	
T 1	
	Yes \square No Effective: \square Yes \square No If yes, explain:
Side effects.	Yes D No If yes, explain:
<u></u>	
Incontinent:	Yes No Bladder Bowel Ostomy:
11	Yes □ No □ Condom Catheter □ Toileting schedule
I .	Foley Catheter - Size
L	Other
Skin condition:	Intact Pressure sore Stage/Location: Usun II
	Burns/wounds
Nutritional Status:	Current weight lbs
setting at the setting and the setting at the setti	No Gain lbs Loss lbs.
	IV fluids ☐ Special diet ☐ Supplements ☐ NG tube ☐ G Tube
Other:	
Diagnosis for NG/G Tub	e: byphelpa.
Tube site treatment:	Clan C VO
Pain Management Progra	um: Tyes
phreoce	
A: 1	
Accidents/Incidents:	☐ Yes -☐ No - If yes, explain:

Contractures:	□ No - If yes, explain:		
Restorative PT:	12 No Reason:		
Tx Time/Wk:	Bed mobility:		
Transfer: Restorative OT: Yes	Ambulation:		
Tx Time/Wk:	ADL's:Feeding skills:		
Restorative ST:	DNo Reason:		
Tx Time/Wk:			
Devices/Restraints: 1 No	☐ Seatbelts ☐ APS ☐ Belt restraint ☐ Lapboard		
☐ Full si			
Medical diagnosis/symptoms fo	r restraint:		
Skin Assessment	Monthly Exam & Assessment		
Stage I	Size Include Abnormal Labs/X-rays/EKG		
Stage II Site Scul Mum			
Stage III	Size Heart: MCHT, COVD, Churto, CMI Size Phace		
Stage IV Site	Size@hack		
•	Size Out = CTA		
Medical Conditions			
Vegetative State	Comatose Mai - sub ND, Bhi , EVEL		
☐ Internal Bleeding	Dehydration Och		
☐ Terminally III	□ MRSA □ VRE		
Chronic Constipation	C-Diff		
•			
Medical Treatments	Consultations/Special Tests		
☐ Tracheostomy Care	2 Suctioning		
☐ Oxygen	☐ Transfusion ☐ Parenteral Feeding ☐ Description		
☐ Nasal Gastric Feeding	☐ Parenteral Feeding		
D Wound Care	☐ Chemotherapy		
☐ Catheter(Indwelling)	☐ Physical Restraints		
☐ Behavior Problems	□ Non Compliant Goals/Plans W		
Drug Regimen Reviewed D			
Interaction/Side Effect			
Other remarks:	10		
Physician's Signature:	Date: 1 12(1)5		

t,

PHYSICIAN'S MONTHLY PROGRESS NOTES Marion Karron Rm# 340A BP/10/70 WT 176 TPR 100-84-16 Resident Name: Allergies:) Not Applicable DNR -Reviewed and Renewed: Yes (None None) Health Care Proxy () Living Will) DNI (Advance Directives: Change in condition since last assessment: \(\subseteq \text{Yes} \) \(\subseteq \text{No}_2 \)- if yes, explain: Infection Onfectiel Sacral Docub debuded on Dehydration / Constipation (Chronic Diagnosis: Cognitively impaired Mental Status: ☐ Dementia ☐ Alzheimer's Alert ☐ Depressed ☐ Anxious ☐ Wanders Behavior: ☐ Well adjusted ☐ Socially inappropriate ☐ Verbally abusive ☐ Physically abusive ☐ Behavior management problem Explain: Effective: Psychotropics: Yes Do Side effects: 1 Yes ANO If yes, explain: Incontinent: Yes O No ☐ Bladder D Bowel □ Ostomy: ☐ Toileting schedule Yes □ No ☐ Condom Catheter Appliances: Eoley Catheter – Size 16F ☐ Other Skin condition: ☐ Intact Pressure sore ☐ Stage/Location: ☐ Burns/wounds ☐ Foot problem ☐ Stasis ulcer: Nutritional Status: Current weight lbs Weight Change: O No ☐ Gain lbs □ Loss PLAN: ☐ IV fluids ☐ Special diet ☐ Supplements □ NG tube G Tube Diagnosis for NG/G Tube: LU Tube site treatment: Pain Management Program: DYes □ No - If yes, progress since last assessment: QOAC Accidents/Incidents: □ Yes No - If yes, explain:

Contractures: XYes	□ No - If yes, explain: phoulder
Restorative PT:	Reason: Bed mobility: Ambulation:
Restorative OT:	ADL's:
Transfer: Restorative ST:	Feeding skills: No Reason:
Devices/Restraints: No Full s Medical diagnosis/symptoms for	
Skin Assessment	Monthly Exam & Assessment
Stage I	Size Include Abnormal Labs/X-rays/EKG
Stage II	_ Size
Stage III	
Stage IV Site Sanu	m Size 11,5 × 7,5 c3.8 Depth AMM BC + Six
Stasis ulcer	_ Size
Medical Conditions	No lest out y
☐ Vegetative State	Comatose Com
☐ Internal Bleeding	□ Dehydration
☐ Terminally III	MRSA DVRE
☐ Chronic Constipation	C-Diff
Medical Treatments	Consultations/Special Tests
Tracheostomy Care	Suctioning /
DXOxygen	☐ Transfusion
CXNessal Gastric Feeding	☐ Parenteral Feeding
Wound Care	Chemotherapy All Ale Clary
Catheter(Indwelling) 20 D Behavior Problems	Physical Restraints Coals/Plans Coals/Plans
Drug Regimen Reviewed Interaction/Side Effect	
Other remarks:	A -
Physician's Signature:	Date: 2/19/09

PHYSICIAN'S MONTHLY PROGRESS NOTES

Resident Name:	Marion Karron Rm#: 245 A BP 10 60 WT 187 TPR98.8-62-1
Allergies:	N.C.
	d Renewed: (Yes () Not Applicable
Advance Directives	
Change in condition Infection	n since last assessment: ☐ Yes ☐ No - if yes, explain:
Dehydration	
	h 0
Chronic Diagnosis	entar Une Twent, COPD, HTN, AF, malnusulting.
Chronic Diagnosis	eptaluse Tuent, COPD, HTN, AF, malnighting
MIRSHSRU	Jum, ETOHalouse, Ostroporosio, Ostradhuta Dupphase Alert & Cognitively impaired Dementia Alzheimer's
Behavior:	La World Carlotte
	☐ Verbally abusive ☐ Socially inappropriate
5000	☐ Physically abusive ☐ Behavior management problem
Explain:	
Psychotropics:	Yes No Effective: Yes No If yes, explain: Partilled Copression
Side effects:	☐ Yes DKNO If yes, explain: Partillor depressur
2 September 2 Sept	
Incontinent:	Xes No Bladder Bowel Ostomy:
Appliances:	☐ Yes ☐ No ☐ Condom Catheter ☐ Toileting schedule
Appitations.	□ Foley Catheter — Size
	□ Other
	Li Ottici
Skin condition:	☐ Intact ☐ Pressure sore ☐ Stage/Location:
Skin condition.	
	☐ Burns/wounds ☐ Foot problem ☐ Stasis ulcer:
Nutritional Status:	Current weight 18 lbs
Weight Change:	□ No □ Gainlbs □ Losslbs.
PLAN:	☐ IV fluids ☐ Special diet ☐ Supplements ☐ NG tube ☐ G Tube
Other:	
	Tube: dyadagea
Tube site treatment:	NS Wash GT QS & mylanda des
Pain Management Pr	ogram: Des
Accidents/Incidents:	☐ Yes ☐ No - If yes, explain:
	The state of the s

Contractures: Yes	□ No - If yes, explain:	Des
Restorative PT: Tx Time/Wk: Transfer: Restorative OT: Tx Time/Wk: Transfer: Restorative ST: Tx Time/Wk:	Bed mobility: Ambulation: Reason: ADL's: Feeding skills:	
Devices/Restraints: No Full sid Medical diagnosis/symptoms for	,	Other
Skin Assessment	V	Monthly Exam & Assessment
Stage II Site Show Stage II Site Show Stage IV Stage IV Stage IV Stage IV Stasis ulcer Site Medical Conditions Vegetative State Internal Bleeding Terminally III	Size S X Size Siz	Include Abnormal Labs/X-rays/EKG
☐ Chronic Constipation	C-Diff	L-Na - 1
Medical Treatments Tracheostomy Care Oxygen Nasal Gastric Feeding Wound Care Catheter(Indwelling)	☐ Suctioning ☐ Transfusion ☐ Parenteral Feeding ☐ Chemotherapy ☐ Physical Restraints	Consultations/Special Tests LAM LAM LAM LAM LAM LAM LAM LA
Behavior Problems	☐ Non Compliant	Goals/Plans
Drug Regimen Reviewed Interaction/Side Effect Other remarks: Physician's Signature:		Date: 3 5 09

NAME: Karron, Marion ROOM: 237 A CHART # 15354

DATE NSS.

TIME, Planch and Susce Xm 237 A Vent designable to 124/05 Track care & Leichmen by RT Track stoma of Mahare presented for September of Adure of Checked Track to Vent of the Horiz clear amber of this output you and for B Hand Ecchemanis for September of September

discoloral (Multipli) + Scabe (B) feet Scaly fary

poth Rules redness noted but off prissure of Aldred

paded Associates Some of Mc is not in

had been used at le long time if Mc is not in

hu nose she think "Ean't breathe ester digite y

Associate on Heat dependent w/c in his nose

for scanfort also resident fixes husely

to side a tends to play on his right sode

requires passboney 22-3 hrs he w skin

breakdown diet & Regular Liet sporm-for

consumer fairly will sput lies sanging

side railes & dapping swings hararms banging

pulse ix remains 90 for the 98 & Oct-14 59/3/for

for Abdan o my po given for agreation obsolute

stylesticationed so styles for agreation obsolute

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Resident 1st night New Admission. Awake &

Responsive Remains vent dependent buchio & Freeb

Call given. Mod ant cellow offech Scenesson Incontinent

Of B9B- Good Skin Care 9 peri Care given. PRN

bleaper Alo. 50m. Resident nited : restless lunin side

to Side clapping her happels 9 also Resident fight : staff

during Asil's Care & Suction & Inach Care. Emotional support

and habity crientation given : Some effect. Or seep

distress noted. VI. 985.86.16 B.P 140/80. Will Continue

b. Observe any Changes is D+6 Condition - Alberta

Flo observe any changes in pto Condition - Ather Flo of p- 300ch amber Color centre from

Contact to man towned to 5 - Mrs A Stellen - Het

NAME: ROOM: 232 CHART #___ DATE/22 roled à skin lear on Rt Kand. /TIMED cleaned and dog done. H. W to be evel - there 1-22-08 1120/08 Resident seen for PT eval +4x. To be placed on estoratione PT 5X/luk, 30 min Dessions. See Textion for duel and 4 treatment plan. Monumayof PT section for full end of treatment plan. Polleyed by Bacetracen drening 1-22-08 for 10 days and mutters at all times. nursing - v/s 98.2-88-19 140/20 resident and day n/A-vent 1/22/08 Incontinent of bornel 500 ec. resident very next en - clapping pulling out trach, mitters applied Resident appetité good soon stall, will monitur - Styndale Con 1/22/08 mo Signed on Ros History of physical and signed to 1100 To applied of site of the control of site of the control of state of the control of state of the control of shift x 14 days of the control of six to a hand of six to days.

And pitter at all the timb of selection of selection of some of the for hygione purpose will cont to observe. US 994, 8614 2nd day now admission yent dopendant Gray restleck trying to putting Dut track mitten appeal All med given AC output

NAME Kasson Marioo ROOM# 93719 CHART# DATE Deced TIME //28/08 10A 1/2/08/ nusuna 123/02/ 60 Mag fation. Some V/8 994. 80.126 140/80. 1911 Costerie Hp - 200 ce Complete Pont Reg diet / then on 9 Swallow & speech Wal be intelested his to Ho output \$35 ac. Sw Gehaun sablano during ste

INTEGRATED PROGRESS NOTES

SILVER LAKE SPECIALIZED CARE CENTER

NAME ROOM # 231 / CHART #

DATE
The state of the s
13418 the cal que chi.
TIME Pula med 124/08 Pt eval The Chr.
Chart reviewed
- che resp facture
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- COCO l'acute on che
AFIL CONOX to Cuce
- COMO (acute on chorses) - AFilis (parox failure) - Etoh Ly
- hy so thy roidism - hy series demia
- ny secrepi demia
- Meumonia
- scor hx (malnutrition)
- depression
- Neumonia - Neumonia - Neor hx (malnutrition) - depression US reviewed /ale-+/
NAN
Chest - I breath sounds - minimal scattered
Vhonch;
near t - R. S. J.
heart - RR, SISI (distant)
125d - 20 f t
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Vend parameters, pressures,
Was 13 1 EV CC WC
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1) - 6 conchool Ry
Dulm toclet -trach care
- mobilization
- mobilization - muti, tional monitoring
- DV T CCADA
- DV Toph - 1 tres buter proph
= assess re wearing

an Lan M ROOM# >31 A CHART# NAME DATE 98.86.16. Rendeut Secer wed Lehanos problem rated o this low. Bleat well 11/226/05 MSR Robused to bom. medicality then brclevel' al Care 01 = 200 Remden Comportable 1/27/28 Resident & son a nicotane remared Stated Mat one in hospital not transfer forms. Problem problem monitor steet will continue to Cor 1/27 3-11 pret 500 ce P. MOD CC. a hehaerox

NAME	ROOM # CHART #
DATE	1-28-08
FIVE	Resident on ativa for restlosme
	tagitation.
1/28/6	X NSS
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1/26/0	
1 3/	V/8 99.8, 88, 18. Resident agitales Given totivan:
1/28/09	shusing - resident received ble vaccine in the Ram
ilani	Tat 1-pm. will meneter - Stymdale (PV)
1/28/	4 Resident V 6 98. 2 76 14 M Thems.
	\$ 00000. cell montor. moman
1 28/08	0.5 5
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INTEGRATED PROGRESS NOTES SILVER LAKE SPECIALIZED CARE CENTER ROOM # CHART

DATE	I An
TIME	1 De
	GOGGOSHO MARAN ENL
· .	The sale of the sale
	har not a large way
11/2	Λ
1 60%	MSG
1/29/08	
	Noothe patch 7mg to Chi & 4 hrs rotate site eval
	in 2 Wks for withdrawed from proting by Payth
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1/29/08	N SX
7-30	4/5 97.7, 82, 12. Ust day S/P Hu vaccine. (15)
V	adverse vxns noted Will continue to monitor
1/29(4	VWG 1
7-3	Dr. Clabor spoke c. DAN Ranon - resident
	son. Necotion poten ordered ?
-	pleased in Dweeter. Payor loved for d
	Motion wither wit 5 yearthur - 5 from
1/19/08	New
1301	V18,97.7, 82 12. No adverse ren's moteon Will
' 1	ontince is monitored the
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F	10 out put 2000c - VI-HV
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129/08	NST
PAMINI	MID seen & ordered Nicoln Patch Ing to C.W
	a 24 hours locator blo Evel in 20163. 1011
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THE R. P. LEWIS CO., LANSING, SALES,	

NAME Kasson Marion ROOM# 2370 CHART# DATE THE Il conciety noted. Alwan 980 80 Do Vi asitection Res. Sleeping distress noted will 300 CC

INTEGRATED PROGRESS NOTES

NAME Kanan Mann ROOM# 23) + CHART#

DATE	The state of the s
TIME	DIC Foley call mails only if under toward
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SILVER	LAKE SPECIALIZED CARE CENT	ER
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TIME	My Contraction of the Dead of
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213/08	loursing vis 989-60-12 128/02 resident had preumovax in Q lam. Resident given attuan as ordered for Tanxiety and percocet as ordered for preun will monthly
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	percocet as cordered for pain will marter
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2.14/00	WSa
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ip A	N/s 983. 80.12: Akobrule & thes louis Clo passon 9 Danvolt notice to kem portocal fresh Alivar Ing PRN lan = good effect: Bushion 9 Thee h can que fotal Care antici palid. Hade
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INTEGRATED PROGRESS NOTES SILVER LAKE SPECIALIZED CARE CENTER NAME_____ ROOM #_____ CHART #_____

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Pulm	onary Medicine Date 2/11/08
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Hem	odynamically stable.
Ther	e is currently no evidence of acute infection.
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- This	is secondary to neurological dysfunction.
To e	ontinue present regimine.
Over	all prognosis is poor.
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-	The problem forth
2/13/08/1	suring - mp ordered nigotine potall 7 mg to chest wall go
20m 1	or 2 weeks then re-realisate: well moneter -
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INTEGRATED PROGRESS NOTES

SILVER LAKE SPECIALIZED CARE CENTER

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	Weil contint to monitor > March
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	Made Comfor	vable us bed: 40	U ohser - HE Ray
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20	60 mg for COPD.	Venhused well Tyling	lauro Dor Thims
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2/0./1	A Typidale (Pr)	regionalisette producer in the control of the contr	
2/20/08	99.5, 80.14 IV	Lowered antinu	O Sugar mation He
4	(R) (hon O intact	exatents no SS of re	up distrib noted
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7-3 1	and morne 40 mg	to of Solumedal IVI for 4 days and I by wm he-wal will moneter —	g wen 3rd down
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INTEGRATED PROGRESS NOTES SILVER LAKE SPECIALIZED CARE CENTER ROOM# 220 / NAME CHART# DATE TIMH ore s sures reviewed nosilizateon Neutrotagnal Notweanable 000 710910815 (box) (noted po fluid enconaged wus 124/64 and meaning Ne-limp 98.7. no sts resperations distress le no (Br poles of this time ale acetation & Managela

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NAME ROOM# CHART# DATE TIME niusung - mo ordered 4A cts due to Standalier hate Re-evaluated appears Phoass VD 98.3-82-20 Invident shours nosts of representation duting waiting low warne results unio tallen. rendered. will of serve 459

Silver Lake Specialized Care Center **INTEGRATED PROGRESS NOTES** NAME: Lallom IN DATE TIME 2/28/08 above revuen

SUMON MULLUR ROOM: 237 CHART# NAME: DATE 1102 NSG: Resident Usine C+5 positive ECole analua Registent refused they dose of Bultim (20ml) the toping despite encouragement and feeling her the insportance to feach westdent on the Vibal of medications a responsive started on patrim for UTI nuising 1/5 99,3-87-17 104/58 resident on Bactron UTI. nail noted. T po fluido encouraged, will 1/8 98.7, 78, 11p. Res maintainie on Bactum for UTI. Bactrimi Juni as per order - NARN. no do grom Ris Alwan Junen @ Jom as per gamlys riguest for afitation. All meds of the s Vyuni his sleeping in Bed. & genther eigtation noted his made comportable ell

NAME:	CICCON, VII
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30186	NOG 7-33/NOG -> Rosidant in Baction > UT. Inintinent of enine x 2 3 Find oder. 15399-74-10.0003 + WC. Will munitare
3/3/08	JP- Resident ween for 18- eval of Ficognice
	Spale to resident who spales no desert to meds puten. Will plc + Fil. Markelo NP
2000	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
3/3/08 3-11	11598.7, 76,14 Readerd on backing for
	Fluids encouraged to promote hydration. O respirate destress noted, will cobsense O mon afa
3/4/08	Nob 7-3) Backins II. Incentional of course 5 Enclosing. Resident moted to hours elevery of (R) ankle - No HX Hauma- Devices pain. Superviser made aware. Attempted to Keep Leve clevated, VS > 984-76-16
3/4/08	230pm nusting resident very agetated, pulling out trach tube: disconnecting herself, resident trying to beter punch while trying to reconnect the trach tube muters applied actuar given prin as ordered will mentar supplied.
314108 3pm	ruising-rivident calmed down matters taken off well monter signale in
3/8/8/	ander ge heule se eletre will Mr.
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NAME:	ROOM: 237 EHART #
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	De Ransi due to elema of B cykle o
	X-Very andorod.
3/6/08	Non 2-25 Rosedont X-ray (B) ankle shings
	no Px but osteopolosis a wtopachaitis.
	Pried in Citical E Vit D 40ma/40mber Stalm
	BID. Backing ut I in process. Asymptomatic.
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3/6/08	Trach care
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	There is no significant Change in ptis vent
	parameters, pressures,
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5/108	NSS.
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	loted All made given SUPT with Dag Inter Wels.
	Suctions done Alm core provided Will cont to
	VIC 98.9 80,16 Bactrim for UTI as Ordered-given NAR Noted All mod given Slept with riggered Wells. Suctions done Alm care provided will cont to Observe Limited

Silver Lake Specialized Care Center

INTEGRATED PROGRESS NOTES INDOM CHART # NAME: DATE TIME, disconnecting Carl 3 9/08 resident is status post AIB Bacthim Joh Uran anythact injection (and day? Nosls of pound distress will show and monton in changes Michael Toulras yor 3/8/08 to pr Parcel RL RUMC

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	A Prema vesdy - Miss		

DATE TIME Pulmonary Medicine Name: Karron,M Date: 5/4/08 Case discussed with staff on rounds. Ventilatory parameters were reviewed. Vital signs were reviewed. PIP acceptable Neurological status the patient is awake and alert Hemodynamically stable. There is a pneumonic process. Patient is not weanable from mechanical ventilation. This is secondary to severe COPD.	
Pulmonary Medicine Name: Karron,M Date: 5/4/08 Case discussed with staff on rounds. Ventilatory parameters were reviewed. Vital signs were reviewed. PIP acceptable Neurological status the patient is awake and alert Hemodynamically stable. There is a pneumonic process. Patient is not weanable from mechanical ventilation.	
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There is a pneumonic process. Patient is not weanable from mechanical ventilation.	
Patient is not weanable from mechanical ventilation.	
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This is secondary to severe COLD.	
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Kalph J. Ciccolic III, M.D. 1 CC1	
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DATE TIME 5/4/08 0 60 FOX 54 Et Cor 42 mm Hg RR 12 1 Secretion, No respiratory
ress noted. Pt appears stable. Will continue
monitor - Bkhtar

NAME: Karron Harion _ ROOM: <u>\\$\O\</u> CHART # ____ DATE TIME Continue care in an SNF setting lamil 51108

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Pulmo	onary Medicine
Name	Karron,M Date: 4/28/08
	liscussed with staff on rounds.
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There	is no evidence of acute infection.
Patient	t is not weanable from mechanical ventilation.
This is	secondary to severe COPD. Itinue present regimine.
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NAME: ROOM: 130A CHART# DATE // NSG Months by amount tote, Resident remain hours dependent alut and oriented XI Sint/long memory TIME oubit impapped Cognitive Shells for dealy delimeter Braking Severely is pained under Stand Selfand other and times Al call good-at times VISIM impained then eye glassis Heaving adequate. Folial dependent in all one on a Ant Etwo assist for both one - chessing gruming oral Cone Reguired two assist for town for withle to assist 20 went dependent. our douby bole as tolulated in Contract (1 B1B. preguent deaper charges Ston Care pericone formded. I(t) sich naubar aben in bed for positioning purpose Job monitor in bed with at all times due to 20 loved Clambing. Resident , ested & acitable at times. Leubs Ativan Irpin 360 PPN grunn = effect 5/000 fed by staff. Able to dunk at times lesia. Thesp well at right of Stable. Weight in months of Willey Coursent of in 137 lbs. Will Observe - AThera 23/08 Pulm Med - Ptevale the Chr vent un. + staff Vent parameters, pressures Dets - reviewed Trach con Pulm toilet mobiliza tron vot weare ble - multiple actors preclude weanen Hungen DD fulmonity NDOx 7-3-, V5-) 986-80-12 34 hegmentin > UTI - asymptomatic a Bresent will observe a note PRN of any 55 occur

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	Af Sky Ten & CO/hr) 4 Sky Ten & CO/hr) - will we Boch all le with DSD 9546
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12/08	May Aboutent Dela by Bulmo PA. I sm
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Pul	monary Medicine
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	rological status the patient is awake and alert
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	lent is not weanable from mechanical ventilation.
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3-(1	Respiratory care new order PMV &
	John Marie M
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NAME:_ ROOM: DATE TIME uniceopeletive ROH Wed

Action Ragger ROOM: 130 ACHART #___ NAME: NSG. Clarine for UIA Cls Specemen Obdainers And by Calheter 12 abn. Dud oder wine Loke ___ Athorn DATE. K4(11) Medil NEG A see-e sedd fl Jagell Knews URPLOBY

	INTEGRATED PROGRESS NOTES
NAME:	ROOM: CHART#
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Pulmo	nary Medicine
Name:	Karron,M Date: 4/7/08
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	ogical status the patient is awake and alert
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Ralph.	. Ciccone III, M.D. FCCP
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	Resident condition; that family significant other interest in discharge her cognitive stalls fin daily decision making is underestely impaired decision pook cues, supervision required. Both shoutand long town members are impaired vision
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	Supra 10 set and such and side Incompany of Sound and continent of bladde
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	aliville the 10 minstelly. Resident is speak feel by staff. Uses I we and
	Suprists sit and sick and side the cothern of Boul and continent of bladde secondary to foly catheter to 18 FM - Has low participation in recreational activities due to immobility. Resident is speaked by staff. Uses two and half side halls in bed for soff pusation assist, will cartine be share - Hadru Gr
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INTEGRATED PROGRESS NOTES ROOM # CHART

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Form No. 8L-248

INTEGRATED PROGRESS NOTES
SILVER LAKE SPECIALIZED CARE CENTER

ROOM # 1304 CHART # 4508-Resident alext DATE TIME Stimuli Apelle Held sulice Respiratory Pare Note: Pook Resident off 61PM On tank for an hour Satwas 9870 HR was 63! Therapist is beeping Resident M. Stefanelli pert STON STURE

Form No. SL-249

INTEGRATED PROGRESS NOTES /ER LAKE SPECIALIZED CARE CENTER

//	SILVER LAKE S	PECIALIZED	CARE CENTE	R	
NAME LAN	pm	ROOM #		CHART	#

Charles of the Control of the Contro	
DATE	4208 NEC - Seen OD Pulmon and Dunglo
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	14/2/08 Nee - Seen on pulmonary wounds by Dr susbo order of Apre othisone 40mp DD x solays Mon returno one clarity
	P. Mang.
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11/12	Epole to Resaid on t's son about
	oregoid ont's for alivion & Convent tx - Comemmen
11/11/	
7/1/1	Was culled to see Resident, not as abertage
19p	1 Was with 10 the feeling, my as were as
	nevally. T-997-76-12 B/P90/60 - O2 Set 98%. X ne no suspiratory clishes, U/B o C/S perdin Sporte + Dr. M (Carla, O release). (BC B/M in Am. 10 start IVF, 45 N/S / oro cc & 82.
	me no union current with the
	Aladem Allen of the Carthe Orders
	1 C15 (5/19) en 141. 10 store SVF, 93 115 1000 CE Q 82.
	Hald Melopull and Resperded tonight. Son
	Hald Metopold and Resperded tonight. Non
. 36	notify ellows
Offm	Mald Metopold and Resperded tonight. Son
	besident allent and responsive to stringil IVF 12 NS
	Stanted as Ordered. IV-line infact and patent.
	IV sobe No infelbrodium. No apporent des bress noted
	will continue to monitor - V. comment
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4/18/108	Respiratory Care Note
6:20 An	Resident Started desaturating at 3 Am. 02 Sat
0,0,13	1 to 54 / 1 + 1 + 18 52 . Pt was suctioned, given Alberteral
	TXX2 & placed on H-tank (2 6LPM 02.02 Sat
Company of the State of the Sta	1 to 97-98 %, HR68 E+Coz 28 mm Hg, RR12. Pt stable.
	Still remains on H-tank. Will continue to monetor
The state of the s	for any changes - Whites
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Lool C	HF 1892
13/10	
1/2/	IVENGERTALLE REMOVEED . Dethage
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	wed lesedent was layered up destruction.
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INTEGRATED PROGRESS NOTES

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INTEGRATED PROGRESS NOTES SILVER LAKE SPECIALIZED CARE CENTER ROOM #______ CHART #_____

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h in second of gradual and a second of the	Inct: of B&B. good 8lein pericane provided 1/15- 97.8-80-12. B/P. 130/80. Mespiraling Cane- pmilided: will observe closely - 4 nedbricker.
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INTEGRATED PROGRESS NOTES SILVER LAKE SPECIALIZED CARE CENTER ROOM #_____ CHART #_____

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NAME: Karron, Mario ROOM: 46 CHART #___ DATE TIME in Kernew EATING

NAME:	marien	Karrol	ROOM:	CHART #
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Puli	nonary Medicine	Date 3/10/	08	
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Nai	110. 12:001	2		
Cas	se discussed with	staff on rounds ers were reviewed. Vital	signs were reviewed.	
Ve	acceptable	QID W		
Ma	urological status	the patient is awake and	alert.	
Не	modynamically	stable o evidence of acute infe	ction	
Par	ere is currently in	ble from mechanical ve	entilation. Very poor spon	taneous effort.
Th	is is secondary to	severe COPD. She has	<i>J</i> 1 1	
To	continue present	regimine.		
	erall prognosis is			
				
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Ra	lph J. Ciccone III	M.D. FCCP	~~~	
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VAME:	Kaus ROOM: 133 CHART#
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NAME:	lanan, M ROOM: BUH CHART #
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TIVIE	
Pu	Imonary Medicine
Na	rne: Karron,M Date: 5/12/08
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	curological status the patient is lethargic
Не	modynamically stable.
	ere is a pneumonic process.
	tient is not weanable from mechanical ventilation.
Th	is is secondary to severe COPD.
	continue present regimine.
Ov	erall prognosis is extremely poor.
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Na	ph J. Ciccone III, M.D. FCCP
1/13/00	8 444
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	Us 981-80-12. 97! 100/20. ZNBB T Avelox/Rocep. Evrit for RCC infellmake. no adverse reaction note
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NAME: Larron m _____ ROOM: 130A CHART # DATE TIME Pulmonary Medicine Name: Karron, M Date: 5/19/08 Case discussed with staff on rounds. Ventilatory parameters were reviewed. Vital signs were reviewed. PIP acceptable Neurological status the patient is awake and alert Hemodynamically stable. There is no evidence of acute infection. Patlent is not weanable from mechanical ventilation This is secondary to severe COPD. To continue present regimine. Overall prognosis is extremely poor. Ralph J. Ciecone III, M.D. FCCP arrisment note. Resident remains Stable and mon med 915, weight

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NAME: Kannon M -25-08 CHART # DATE TIME Pulmonary Medicine Name: Karron,M Date: 5/25/08 Case discussed with staff on rounds. Vent latory parameters were reviewed. Vital signs were reviewed. PIP acceptable Neurological status the patient is awake and alert Hemodynamically stable. There is no evidence of acute infection. Patient is not weanable from mechanical ventilation. This is secondary to severe COPD. To continue present regimine. Overall prognosis is extremely poor. Ralph J. Ciccone III, M.D. FCCP seem and evaluated on pulmonary rounds 5/26/08 28/01

Franklin Printing 718-258-8588 SLC-110

NAME:	ROOM:CHART #
DATE	
TIME	Non-professional care hazardous due to circulatory
1	impairment.
0/00/5	Findings: non-palpable PT pulse
2/28/0	feet red on dependency
	absent pedal hair
	thick, elongated toenails
	Impression: onychauxis, PVD
	Treatment: trimmed toenails
	Recommend:prophylactic foot care 2-3 mos. for PVD
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	discussed with staff on rounds.
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Na	me: Karron,M	Date: 6/9/08			
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AME:_	Karren, Marion ROOM: 130A CHART#
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	Pulmonary Medicine
. 1	Name: Karron,M Date: 6/16/08
(Case discussed with staff on rounds.
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F	PIP acceptable
Ţ	Neurological status the patient is awake and alert
	There is no evidence of acute infection.
	Patient is not weanable from mechanical ventilation.
	This is secondary to severe COPD.
	To continue present regimine.
	Overall prognosis/is poor.
	- Francisco Pool.
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F	Ralph J. Ciccone III, M.D. FCCP
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7	of monthly nurses notes
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	others, I sometime Heuring adequa

IAME:	ROOM:CHART #
DATE	NGG cont - two or more people & transfer
TIME	164 cont - two or more people & transfer 00B = ho/c actolersel - Intentines & Base 3 rod plin com a feri can provided Res on Reg.
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	Ing. 36 pri in anxiety. Respectat 0,5 mg Ro
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IAME:	(MM.DY NIJUUV) ROOM:CHART#
DATE	
TIME	
Puln	onary Medicine
Non	e: Karron,M Date: 6/23/08
	e. Karron, M Date. 6/25/08
	discussed with staff on rounds.
Ven	ilatory parameters were reviewed. Vital signs were reviewed.
PIP	acceptable
	ological status the patient is confused
Thor	e is no evidence of acute infection.
	nt is not weanable from mechanical ventilation.
This	is secondary to severe COPD.
Toc	ontinue present regimine.
	all prognosis is/extremely poor.
	f lh
D 1	
Raip	h J. Ciccone III, M.D. FCCP
612618	of Desp. Care, not.
7-3	Mendley broke her track replaced & the same
	#8 Stilly Acip i welter and gliffe outly keep small
	Calle. Oh / bleeding mosel sx It, 188 1:5 BL. 100
	rus disper wid has the mesages rosted
	PA and RN superv. is audire. S. Inhole
	of men for region, is when , we sended
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AME:	ROOM:CHART #
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ME:	Karron, M. ROOM: BOA CHART#
DATE	
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TIVIL	
Puli	nonary Medicine
Nan	ne: Karron,M Date: 6/30/08
	discussed with staff on rounds.
	tilatory parameters were reviewed. Vital signs were reviewed. acceptable
Neu	rological status the patient is awake and alert, she can be extremely agitated at times.
	re is no evidence of acute infection
	re is no evidence of acute infection. ent is not weanable from mechanical ventilation.
	is secondary to severe COPD.
	continue present regimine.
	rall prognosis is poor.
Ralı	oh J. Çiccone III, M.D. FCCP
108	Asserment hotel
1	Resident de last
	Oriented to name responsive to all
	Should- Cognitive skille (or derily
	lengtern showtern manery impaire
	use's eye passes Hearing alogual
	Sometimes understantels
,	Sometimes unclassical. Total dependent
, (c)	For Transfer as resident is unable to
	a assist vent depel - OOB JOIC
	OFBIR - Godel BILIN Penicene
	frequent diapers mel keep
- 0	For Tourser as resident is unable to a seriest vent depel - OOB Jule as to leave of a in assist - In Control BIB - Sodel Bin Penicon. Frequent diapers and Iceep her elean as possible. WTOB
	Resident is on Ativom 1 me 66H

IAME:	(and) · room: chart #
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TIME	Skip interel Regular diet rolesates
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	earl by hosself. Prostal 101 multivilem
	5 mine seil 9 provided to maintein 5 lien integrite 2/2 sicherwill abed
	Reg positioning and Propping. On moloprodit
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	any 1's in resident's Caneleyen.
1/2	mermon.
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13/08	NS8 VIS-9838014 100160 A Febrile
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1	on the pt Cookrest. M.D to eval P. maiming.
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Karron Morion _____ ROOM:(3)#______CHART#____ DATE TIME ruly it RN. 14 Denal 971 SLC-110 Franklin Printing 718-258-8588

NAME:	ROOM:CHART #
DATE	
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7/7/28	Medl UNTO
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	(R) LE waym to wouch ordered
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	start and blosefile the effectioners of
	TX. Timamen.

NAME: K	arron, M. ROOM: BOA CHART#
DATE	
TIME	
D	N. 1: .:
P	ulmonary Medicine
N	ame: Karron,M Date: 7/7/08
	ase discussed with staff on rounds.
	entilatory parameters were reviewed. Vital signs were reviewed.
P	P acceptable
	eurological status the patient is arousable
T	emodynamically stable. here is no evidence of acute infection.
	atient is not weanable from mechanical ventilation.
T	his is secondary to severe COPD.
T	o continue present regimine.
0	verall prognosis is poor.
R	alph J. Ciccone III, M.D. FCCP
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Franklin Printing 718-258-8588 SLC-110

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AME: K	arran, m
DATE	
TIME	RESPIRATORY THERAPY DEPARTMENT ~ LTV VENTILATOR CHECKLIST
	Date: 7/10/08 Pt. Name: 1801 M Room#: 1301 Vent#: F20920
10/08	Alarms Functioning V Pressure Check V Rate Check V Filters in Place Volume check
10/08	FIO ₂ Concent. Check Patient Query Off Low Pressure O ₂ Source On SBT Off
	Leak Compensation: ON O D2 Conserve OFF G Control Lock Hard Position Patient Assist On Pulse G
	Alarms: High Pressure Limit: 6 cmH ₂ O Power On Self Test Low Pressure Limit: 6 cmH ₂ O Alarm Audible 85DBA
	Control Test Vent Inop Test
	Extended Features - Alarms: Apnea Interval: Seconds
	High F: Bpm Seconds —
	High F : High F Bpm Seconds OFF \Box -or- 35 30 .
	High PEEP: High PEEP CmH₂O
	Low PEEP: Lo PEEP or- cmH ₂ O —
	— LLP Alarm: All Breaths -or- VC/PC Only RT Signature:
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	Series Vent
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NAME: Karron Mania ROOM: 130A CHART#_ DATE TIME und TO received for Rocephi Donner NIB 40 days. Franklin Printing 718-258-8588

NAME:	ROOM: 13 RH CHART #
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TIME	Sugar (Sugar)
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-4/1	es hesp. fare nou
7.3	Midens had ABG deele as per MD order
	2 +0 1 RR to 16B PM PU- 7.64 /PCB-20
	Pa-169.7, HCOS-135.3. BE-15, Q Sat 99.5
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	ht Alexe One MD (Rocables) and Avelore Coll
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113/08	VIS-100/60 98 70 14 WAR AVELOX
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	icest him N D . O menited dosly from on?

NAME:	1Covers menion ROOM: 130ACHART#
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TIME	pulmocare 2000 But via gravity
	Flush = 100 cc H20 Perch Eredity
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3-11	V FIDS 35-45%
7/16/03	1,59
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	11/1 intent & but and She Can & per Can
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7/16/10	Medical
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	po feeds - Had Nat placed + pushin contina
	Who were a printing made in shinepe
	clust course 15 M1 (1) pedien + crown
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	MP'D RIL - onto melos + right
	3 ? Callins on My mil 7 Parel to Young

NAME:	ROOM:CHART #
DATE	TISTOR- Seen by DR. Merocomy Osclonel 10 Apaxil young Raylter DIC ICERIEX Warm soals IORNE Q'S 20 realness & Swelling RUE, will great and observe The EFFECTIONESS OF TX P. Maymings
7/16/08	Pulmonamy Rounds: - above reviewed: - data base reviewed:
	Ptevale the Chr vent un, t steff
	Vent pasameters, pressures, Dats - reviewed Track come
	rulm toilet mobilization rulm port
	le tevere colls Not we anable Poor prognosis
	Jan M)
7/16/01	Naving Seen by Br Savo on Julia. Rounds no new orders hade - Nendands son celle & here
	and updated the auxout Status 9 Tr. plans. Pendut regionds to all should. Will. Centime to monitor.
7/16/08	Mexidant a lest onente d' 10 hame responsive 10 cell stroule 1 VI-Lui de complète et a 10 april

NAME: CArron Marton ROOM: 1301-) CHART#_ are Fee olines me of a siver DATE saviry- HIL interest- WAB Avelox Receptus TIME as ordered. Kept N. P.O. VIS- 97.6 ca 14 130/60 maniter closly. 7/16/08 Dieters 0 x enserted tolerance. 98 76 16 95th 110/70. NG Juise & Paleit. Jeecli's tolucaled well. BBT & Mules 400pm INPB OD GIVEN on Du ordu, No chotous h Hris hun. more head clinks osiglent a lest Oriente of to name ve soon sive to all suroule-neotube intach alinx me als polesure al cuell Centid-WIS-99.8, 76.16 100/60-monitar close L. maymono SLC-110 Franklin Printing 718-258-8588 16/17 WAB Z Avelox I. Rosephin cont for Ru Means

NAME:	ROOM:CHART #
DATE	Non (mit) no adverse reation noted. He insteat
TIME	a good good shi con a per can morried.
	Dirot good shi (on & per can provide). Phin my given as ordered for I direct & pin. E effect. Will cont h months clocky youth
	E effect will cont h month clocky gonth
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7/8/08	MOX
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	general x ray of yetere added to The
	CXIC abdoming court for Ul placement
	10,212

NAME: Karon mario ROOM: 130 A CHART #___ 08-NSP 98.6 SO 16 110/70 NESTUBE DATE interest partent Férérés moule TIME tolerrite of well. Fly x-ray done. results penceing - IVAB Avelox Rocephin 'ent'd- Resident alest Oriente of to responsive to all stimuli-monited 9/15. 993-80-16. WAB, Avelor / Rocephin in program. no adverse reaction noted. Allo Tube implace palent. Tube feeding siven and toleralid. Lowe Box I 800d slein Ipen care, Siven positioned Ochry made comfortable as much as possible will monder closely disq G/s > 986 82 16 96/4 110/60 altram Continue ativas given & Some reffect. Hand metter in place ABT & Avelox It P.B. Swen as per broken monthe 6 months Patent, feeling to be alied well. Monetreallywill monetor -4598-82-16. 36. 120/10 96. Dapa. TUBR - AUL Rocephi en proposes for & la premision no addin VIs at 12 am 987 78, 16 Sat 96 B PATOTO Avelox and Rolephin saluff continuents Rt LlingHeration NG tribe in Lant, Patient. Fre aline given use Granty at 2 cm and 6 am. Iderated No accate distress neted. Franklin Printing 718-258-8588 will mown for - Hence with CORN.

NAME:	ROOM:CHART #
DATE	Monthly NUSSing Assessment: - Regional-resociens.
TIME	Vent dependent cognitive shall for daily deasons
7/22/08	making or moderately impaired. Short and long team
20m	memory impaired. Vision impaired uses eye glasses.
	Resolut - Some himes and stood and sometimes wooder
	Stoods. Hearing Adequate. Total defendant with two state assist for Bathing Dressing growing,
	Peri care ete. Total assist for oral care Two or
	more people hed for transfer due to Vent deposalmit
	wonable to assign ele. How contractures of Rt ant le
	It ankle, ook to wheel chair. Total assist heef
	for Mobility. In contract of Bowel and Bladdes.
	In contrant care (nonded by state Increased Agitation
	at times noted. Ativas Ing va atu a 6 holy pon
	for Poptation Continues. & Side ranh uf whom in Bod.
	Resolut of on Nature feeding va Grapty from
	7/15/08. Recience water Palmenary 250ml Q 4h My anth
	100 ml Ho de PC. Contonues inthe Respondent for Agostations
	and paroxetre for Defression. No side effects noted.
	AB thorapy Abelox and Rocephin ha life carping
	for Rt L'infiltration from 7/14/08. No adverse
	corrent w- 146 (bs. Will monto-Alexanty or Row-
	Corr con vo = jugo (1) - jugo (1)
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NAME:	ROOM: BOH CHART#
DATE	
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Pun	nonary Medicine
Nam	ne: Karron,M Date: 7/21/08
Vent	discussed with staff on rounds. tilatory parameters were reviewed. Vital signs were reviewed.
Neur	acceptable rological status the patient is confused.
feed	s. She should have a PEG placed for feeding. e is a pneumonic process.
Patie	ent is not weanable from mechanical ventilation.
	is secondary to severe COPD. ontinue present regimine.
	rall prognosis is extremely poor. To continue antibiotics to full course.
	Kun
Ralp	h J. Ciccone III, M.D. FCCP
7/22/08	NSS.
1 6AL	4598"-88-12. 3=/60 - 200B = Avelox f. Rolephi
	in progress on Bill presente. No assules. No then motel. Hh intest NG7 intact. Tal. Well. Will cont to marin clory- gryl
07/23/	NSG 6150 985 83 16 96% 160/60 NGT INDOT CONCL
	Unonwel Tr. Meymora. Wall carse Million here.
	HIL I Had - NO She tous who this tous _ BTROND ! HIL I HILL TOUR Resulted & Leg. E Rolls 24. agricum & While Condrave & month _ Brhond ! Final dose lougher Tom Jeph De Dury . ;
7/23	
100	Manageris son viton con de desyrous. Next intole
11	115-100 By 16 Respect Comp 100.

NAME:	Karren Markin ROOM: 13017 CHART#
TIME O7/24	ASG 487 984 80 14 96/6 120/60. BBTE Reception) Avelow 1883 x locloigh Last dise of Avelow given a born for Presimencia. No and verse reachon hered. Ny tube 14the Affakent and feeding tolunated appl. Well obs — Athana
0/26/28	Normany Nondrit no Continued & NGT feeding and tolerated well wheel of gashed alt-gain since the NGT feeding started Cyront at 150/ks With m I deal body into all continue to
17/26 10p	Temp 101 7/0 16 Propoly Coccing 7 Neseas tem 1013. Televal & colore Verealed AST fleas I will montoon
7/27/04	MS-100 76 16 100 60 Cooling me asure provided at fix low grable Temps Nest intain Patent Fee alings me als tole ateal well-spin Temp 99.9 monital Closly — e mamon.
7/28/08	N/2
	epinge bish given & 12 hu. NG7 intuit. Beeling Thereof Well, & Terp; 331 9 4h. Cuit Con't of monitor
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NAME:	CISTON MONTON ROOM:CHART#
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I HAIC	
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7 18/18	Mer, of Note
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0	See Cylinoto
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10.10	Podiatry Note:
7/28/00	Non-professional care hazardous due to circulatory
	impairment.
	Findings: pedal temp change noted; thin, shiny skin
	feet; feet red on dependency; absent pedal
	hair; burning in toes periodically
	Impression: onychauxis, PVD
	Treatment: trimmed elongated toenails
	Recommend:prophylactic foot care 2-3 mos. for PVD
	The containing a series of the containing a seri
	Podiatry Note:
	Podiatry Note:
	Toenails are dystrophic, discolored, brittle and
	thick. Mycotic toenails are painful and may cause
	secondary infections/ulcers if untreated
	Impression: Dermatophytosis toenails
	Treatment: Debride toenails
	Recommend: Foot care 2-3 mos. for mycotic
	toenails / /
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ME.		ROOM:CHART #	
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and som mening ROOM: (30) CHART# NAME: DATE TIME Pulmonary Medicine Mame: Karron,M Date: 7/28/08 Case discussed with staff on rounds Vertilatory parameters were reviewed. Vital signs were reviewed. PIP acceptable Neurological status the patient is lethargic Hemodynamically stable. There is no evidence of acute infection. Patient is not weanable from mechanical ventilation This is secondary to severe COPD. To continue present regimine. Overall prognosis is extremely poor. Ralph J. Ciccone III, M.D. FCCP

Franklin Printing 718-258-8588 SLC-110

NAME:	Keinen: ROOM: CHART#_
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1120	1000 80 10 100170 Gereat Com 98's
	Let Leads 400 rate of Quelloss.
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(07)	HONG COURT XX ONCETTOON SUCCESSION
8/3/08	Kenh, Care:
1 1	1/Risch Charged on fur flylich Pano injulial
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	BS bilitard officer Charlettel 201
	11 481

11) ROOM: 130 A CHART #___ DATE TIME X POTOLY LBME VS 99.482 16 B/P 80/65.15 dose 09:30bm N rucciny: 8/3/08 500mg administered. NAR noted will contin monitor. APhilipRN son pholodis kn. Pt ut P Shill Cylin in Flyd A, BSSUT NGA Dife - al - Plant Sound hom 8/4/01 100 8/4/08 Survey Excamation.

AME:	ROOM:CHART #
DATE	
TIME	
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NAME:	Karron, M ROOM: 130A CHART#
DATE	· ·
TIME	
· · · · · · · · · · · · · · · · · · ·	
Pı	Imonary Medicine
N	ame: Karron,M Date: 8/4/08
C	ase discussed with staff on rounds.
	entilatory parameters were reviewed. Vital signs were reviewed.
	P acceptable eurological status the patient is lethargic
	emodynamically stable.
	here is no evidence of acute infection.
	rtient is not weanable from mechanical ventilation.
	his is secondary to severe COPD.
Te	continue present regimine.
0	verall prognosts/is extremely poor.
R	lph J. Ciccone III, M.D. FCCP
	2500 11 - GG6 C 2 16 Wat 6/1/2 1/0 1/6 1 - 2/00 1/1
08/6/	NS9 615 - 911 8 2 10 Whyair 1941 110 100 1. 7145 41
-//)	Londrined for C. elift. CBMx. NG tabe West and feeding tolurales well. Will check we AThourse
	beeding toluraled well. Will chserve—Athon W
	Λ1 Λ. Λ.
8/6/08	racouco
ONW	Ct Drg & C. Gift.
	Diarriles unpurity
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	to mely
	WYT. SIGN ND ON
	MJ Carlill B
	My Carlo
	- and ragy!
	- impunity

NAME: KAYYAD. ______ ROOM: 130 ' CHART# TIME 3-11 V/S. 98 - 88 - 14. Flagyl confined for c-diff.

[7]08 N/G Tube feedings given Lowe Brox 2. Strond stein /pen'

Care provided. Turned of positional grandy made coordate

In bed. will chasene closely — In derice ed. IVUD March (B) Man 11 Apr All Niwsmi VIC 1299-1 P-80 R-16 110/60 · Confinkel

Karpon ROOM: ____CHART # ____ NAME: DATE TIME 8/10/00 Chelang 81108 timies Pulmacare 250cc Q4° flush à 100cc Hro ma gravity. Northe remain intact and feeding is tulested well. No sym/ eurdence of any maladinplion nited. Current int. 140/1/8. 8/9/08, Brit-19.8. 5/1/8. Ulpr 10/18. ust I since last nat. love 7/18/08. Labs 8702/08-Good whin and hydration nutritionally insupplicant. the is also decerting Property id no cc 770 to member. good shin integnity, on MIVI & minerals for additional Lutition support. Formel pronement is reported built continue Rx feeding + supplement as valued & Talerated Will eding tule and nul related labor, Shin condition SLC-110 Franklin Printing 718-258-8588 she of Steh Tx / Por

AME:	ROOM:CHART#
DATE	
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	/
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NAME: K	MMM (1) WUM ROOM: 1301-) CHART #
DATE	
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Pu	monary Medicine
Na	me: Karron,M Date: 8/11/08
	se discussed with staff on rounds.
Ve	ntilatory parameters were reviewed. Vital signs were reviewed.
	prological status the patient is awake and alert
He	nodynamically stable.
Th	ere is no evidence of acute infection.
	ient is not weanable from mechanical ventilation.
Th	s is secondary to severe COPD.
	continue present regimine. erall prognosis is extremely poor.
	crain prognosis is extremely poor.
, Ra	ph J. Ciccone III, M.D. FCCP
Xolula	Dwaine: ap
	Resident peer by br accore on Palmonary
	Rounds: Cost otable on single Heads
2/11/4	Dis-
40m	There are by M. Dung & mine arching
	Allader as the Well Blow Han BIN DISTURDE
	Will men the observation Trans
	oca man eggicettalis (0 sig
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NAME:	ROOM:CHART #
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	· Wymil
	MM. O Stem ten O sten
	- cut shirader
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	- inprincipal on Played
8/13/08	numay
	Remobile had developed Excernation on sacral
	area & 7/31/08. Theated with vormal falme
	wash & si vadore Cream application. Her overall
	nobility. Som is frank, 4 think. Has CBMS
	and (1) Cidil Theeled a Flagy Soong
	and (+) Cidiff Theeles a Flagy Soong 9 8 hrs x7 dens. #/hr # 3 specimen on 8/4/08 Was regative- Mendant still has LBMS.
	was regular- landont still has CBMS.
	Turn a port on done- Continued on NGT feeding.
•	The let concition changed to stage I cleans
	Pereocal 5/325 98 ms Phr avortable by pour
	Pereocet 5/825 98 hrs Phr available for pain. Periodet man and mothers. Taken 00B
	possible. Placed on questron 4gm of 12,600
	Dossible. Haced an question 4gm of 12hrs
	Mole 18 18 108 To preat the LBMS. 100 has the
. (Shool for C. diff. will centime to silvating.
	Cream TX- In stage II weer. The church

NAME: CONTON MANTON ROOM: 130A CHART#_ DATE Skni O innder Wareh- helder cheeked TIME found to be mitalt - will more for-Medica 8/15/08 Pt & dipulsea again 7101 5/P come of Flagge that end 8/10/08 Pt algu E secret dealthy To when when the Plo undind - sacrel december myrmy MP D drewber 175 send stul Decibity - cont und come 8/17/08 Dieter FIV nultivit ormine minerals. allrium livel n 6/08 3:0. NG Tule timber change to tobre & many mynoperature 200 ml Q bus.

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	HOOM:

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Dul	monary Medicine
	Intottary tyredictive
Na	ne: Karron,M Date: 8/18/08
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Ca	e discussed with staff on rounds.
Ve	tilatory parameters were reviewed. Vital signs were reviewed.
	acceptable
	rological status the patient is lethargic
	nodynamically stable.
	re is no evidence of acute infection.
	ent is not weanable from mechanical ventilation.
	s is secondary to severe COPD.
	continue present regimine. rall prognosis is extremely poor.
	nan prognosis is extremely poor.
Ral	ph J. Viccone III, M.D. FCCP
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Spoler	Preside Nose
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	VSS-class
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	Af Chan Kin - dy well a Petal glo
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NAME:	Karan	M	_ ROOM:	CHART #
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	9 tube	flush Ce		
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	tole	rated need	In Park	SV- position
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NAME:	KONSON		_ ROOM:	CHART #
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	scheduled on	9/11/08 fm	Peg ple	reaced - All Du
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3	INTEGRATED PROGRESS NOTES
NAME: /	auon
DATE	
TIME	Pula med - about reviewed
6-100	Pteral = the chruent
8 10 110	unit staff
1 '	
	Vent parameters, pressures, Or pats reviewed
	1 Trach care
	Cul- toilet
cont.	nue mobilizateon
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	(nutritional support
	Not wearable (revere coli)
	l'our prognosis
	() () ()
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	Suppositions in speak of CXXI south
	Tolk Was con o's I by hand in title is
	10 OKURS IN MOUNTON SHIP
P/07/18	
114501	NoT replaced patient tobictor well - X-Ray ordered Stat for confirmation of tube placement
/	ordered Stat for confirmation of tube clacement
,	Julia h
8/28/03	NST VI 98 - 82-16. 98! 11-/6. X-Ray andone / Cherk for NG7 placement ordered. TWH D' 1/2 N.S. 1-1 3 D' Tile result of X-Ray. State (3 1:30 Am.) enturing bull via B dim H/c. & po man'time Will coit to mon'm - yery'm.
64	46 981-82-16. 98! 110/60. X-Ray abdome 1. Cher
	In NGT placement ordered. TUT DE YNSH 3 D
	tile result of X-Ray. State (@ 1:30 Am.
,	enturing will via B dim He. A po man time
0111	Will coit to monion - genyla.
8/28/08	NSC:
2pm	VICOGS & 80 16 180 122/70 CFR done. on DC 12 NS FI
J	result of CXR. APPO HIL (R) arm intact tinpusing well. MPO Fig
	VICOS & 80 16 POP 122/70 CYR. clone. on DC 12 NS fill result of CYR. APO HIL (P) arm intact tinguing well. MPD fill Y-ray result. Ho distress noted will conf. to maint. — Ufal.

NAME:	Karron		ROOM:	CHART #	
DAT	E Marising				
TIM		*			
6:38	pr Received CXR.			distof Esaphon	1
	(Questionable (I lung Ct S	can activis	if RLL infill	rak
	Aldome - Fle	al Relienter	L. Ileus -	Dr. M. Carthy	
(A) x	As wify and in	ill repeat	Cxkin	Mr. Cronglin	
8/2	1089 116905	- 78-1	11 5	VI DIV2n	10
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NAME:	ROOM:CHART #
DATE	19/08 Musing - 9/5. 99.7-80,- 14.
TIME	EXA! No tubo seem up to the level of the
17:20	Lnot of the Thoracce Bosta - No uhovel
1	and replace. CXR in pm. Received to to
	Veen on Kuldin meels until X-run result Chano
10 pm	Veep on kulding med until X-ray result Groups
7-7-	NTO Tube ne-place of - X-Ray to be done in Am.
	mede & feeding held. IVF 125 /s NS IC Oldon
	in fusing Via Hicocle @ arm. no 3/5 of in lithatio not of.
	incl. of B/B sove stein / pen can provided.
	Turned to posihoned grahaly. will observe closely. The dans
-)-)	
8/20/01	45 98-78-16.120/8, Nps maintained TUP DENIS
600	98 58 - 18 76. 1983. Npc mantained Lop D/2 Nis
	Il infusor heel. I I Am. He Ram, to be
	der X-Ply i Pty & distress noted, will cont
9 2010	De cubitinetes.
	Stage II Samem me orsano
	3:5x3cm à redness around it small
	amount of bloodish dominage
	Persois le gellino silvalore creamp
	NK wash & S. M Continent OF BIB.
	good sich pencene frequent diaper
	Land keep her clean as possible
	wps once a cole and be albeith daily-
	prostat 101 multivilumps c minerals
	percocel Tub 88H PEN For pain &
	God results. N'estube interof Feeding
	permitive 2000 RbH Hole reces well
	Resident hors ciermantires - OOB-IRC
	as loternoe of Tymod positioned
	paloss in be of monitor closly Fers. I memmas
93005	NES
1	VIS-982 78 16 100/60- Nestube
	intage- CXR permeeing- IVFINGure
	Well- In considert core propried of
,	Como Gordante. I manor

NAME:	Kanton marion ROOM: 30 A CHART#
DATE	8/30/08-10pm-VIS-98.27814100/60 CXR clone Acuaithne Ctr the results- 1VFluids Infustinguell-Decubitione provided-moniter close f. morneys.
Gm	Asy of so get 58 16 9810 (20160. Residut partied Out N9 tube during B-11 Shift at 10.1m. IVF 14 using E Doth y NS. I like 5920. HIL relocated, agrahm who. Junes and positived dubits Care Silin Care promoted- Africa
	#12 inserte of Aureilling For CXR- IVF inclusione well. Decubir Cone provided.
8/3/10	monitor e 1084. DS9 US 99.9-78-16-CX A done this Follow - TVT infusing week &n Loot & pat CXP Shows No tupe inplace + intact. No tupe intact
691/08	Asedings & meds gimen as indered Atalenated mill. Dollishess Made confinally proconally 1859 155 - 978 80 16 730/60 Ng tube what and paint 1VF YONK Sura g 150 Continued. Ng tube feeding tolirection
917/08	Mad Note
	Visidesh PE Why
	PEGULAR NGT-AM PARAMANANANANANANANANANANANANANANANANANAN

NAME:		ROOM:CHART #
DATE	9/1/08- NESTU	re interet, fee olinge mod
TIME	bleschedu	rell-BOB-SRIC Orclox
2111 0	recedued M	DIC IVFluids 1. marrower
911108	Nuiseng 1 to the t	
(+-3)	Mesical Condition Mas	Then family, significant other inters m
	exillate on possibly co	her family, significant other intersting intimus care in an sUF setting her cognitive making is moderately impoured decesions
	Sides for day of any	homeway of the but of the trans
	hour con subject is ima	required Both short and long term memories and quith the Use of eyeglasses magnifying
	places Ah. lite to Mak	e self Understood some times and sometimes
	Industands. Heaving	is adequate. To tally dependent in bathing with
	the anist of two person	is adequate. Totally dependent in bathing with 1, also in Grooming, dressing tatally dependent
	IM and care and port can	d. In Manyer requires I up on more Reaple the
	TO WAIGHT Mabelly 10 a	25151 and best dopendability. Resident is chair ant
	ang muser in my response	Totally dependent in sed mobility both
	Suprieto sit and side to	ade Rosident is immobile has low participation
	of rechairmed activities	Has baso gestric tuke. Usestwo and half
	Por red borron district	Michael Todros 40

IAME: K	Comon, Marion ROOM: CHART #
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D. 1.	M. 1: 1
Puin	onary Medicine
Nam	e: Karron,M Date: 9/2/08
	Take of the second of the seco
Case	discussed with staff on rounds.
Vent	ilatory parameters were reviewed. Vital signs were reviewed.
PIP	cceptable
	ological status the patient is lethargic
	e is no evidence of acute infection.
	nt is not weanable from mechanical ventilation.
	is secondary to severe COPD.
	ontinue present regimine.
	all prognosis is extremely poor. We will reeval her speech and swallow as her
fami	ly is feeding her orally?
D 1	
Kalp	h J. Ciccone ÍII, M.D. FCCP
13/18	rudies)
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(010	The most x1 mm + mable to and it
	to when wited
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9/200	The contract of the contract o
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1	10 4 TOPOO X L lo me b-opolo some
	NON NOT GIZH - 1- MENAN

NAME:	Karron, Marun		ROOM:	CHAR [#
DATE	0			
TIME	Speech			
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	Livellow was	Cuff Resp 48	moniter.	CReddon mcC
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2 Bep	from (rach VIA a	closed suction co	theter product	we largh youlow their moderate
	amout of mucus			g. Zwalt
			eti.	Harris of Altery Holips
9/5/08	Hedul NSO		* 4 * * * *	POLICE PROPERTY.
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	Sten care	I quer		dishen
	made 1	Cantalalo	le - Pr	1 48
	Will Orsiene			Bre Danale:

ICEITION MENTOS ROOM: 130A CHART# NAME: 6/08- Decubiti notes-DATE TIME 3x2.5cm re alress DENCOCO abos in be of Alburin levalis 30' menited close y fex 9/7/08 Continues clube fleeling of Perative 200 co. Que hrs flux 150 cc of H20 + Phartest 101 30 cc TID. Perative - 1300 cal + Prostat - 303 cal, Feeding + Serplement is talented well. No name wometh mt - 13x 1/2. 9/6/08, IS/bs. since last nut Juan 2/11/08 - Recubili Stage & Sacorum - 3x2.5 cm godestion is good - Total fluid intake - 7400 cc hin is good - on Propert + NUIC minerals to month jul. Changs, nut. Franklin Printing 718-258-8588 mexit - Ruy. lead. Allegel en

NAME:	ROOM:CHART #
DATE	
TIME	
7/108	Nos SIP Tramo VS 198 P 78 R12 120/90 AD perputory distress noted Wall Continue on Monton Treating Ro
919108	N-SE
	Provide al Cert la ció gran de Tempe. 2pm Temp 98.9 Nent inter at Fer a cinge me al a volembre al level l'enter ciordir.
	2000 Temp 98.9 New Meach Fee soings
	me al s volerale al kirell-mérité ciordin
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NAME:	ROOM: CHART #
DATE	Homoroou, N.P.O Pmidnight T. marmon.
TIME	US 998-78-16 - B1P10D18D - NPD 7 Med night - Achie deile Ron Jeg
	STUHOSO Neith - Endos congration destroy position destroy position position destroy position Bultonals
9/11/0	45 97 5-76-16. 97! 100/60 Kept N/20 F 124N
640	In 6/2 Alaconert on 7/4/08 Co 3 At 16 Collectiveec
	will monip - grape
G 11 (0.8	Rendent went P STUIT (N) for feg placement by Dr Kalmon we Re A Jetrenhydre Refurred from the Hospital we Red. Hest 7
IPM	Topper to all something the many
	X 24/ms. Notife! Dr. nº Carthy of The obtained
	to carryout the orders per the historichers.
	here to ark about the nedication use. Nexturb a not in distrevior will observe,
9/11/08	N SE
	portube Placement @1.30pm
295	Cill Dan Karran and nade aware of
91106	NR Kalmons office return Carl
	Amconald

Marion _ ROOM: <u>/ 30 //</u>____CHART # _____ NAME: Karron DATE TIME 190 Judy Start - soch for your and map to buelles Start Jelly a GPm PEG placine dysphyre SLC-110 Franklin Printing 718-258-8588

NAME:	ROOM:CHART #
DATE	9/12/08-N-58-VIS-98-3 78/6/110/60 5/P
TIME	En Tube placement, site cléan H20 socch
	started @ IN Holerateing well.
	Fee alings to start @ 6pm = IVF completed
	OOB - Rlc. De cubin Cena provide of
	monitor closely - C. mammas -
	neweny
9/12/	8 9/15. 98.)-70-16. B/P 110/62. S/p peg/placement.
Lopm	nersing 8 9/15. 987-70-16. B/P 110/62. S/p peg placement. 2 peg site cleap. Grute feeding, peraline 250 cm
	GHADE WILL GITCHE (2) DIS COIDY SOVED AMON FOLUNCIA
	Complete por come provided . Torned & pos hours
	Graphili por com provided. Turned + pos. hond
9/13/08	
1/1/00	45 99'-)8-16. 98" 100/60. 5/p pag plaement
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	The factor of the second
	pen cae 7 2 p 72° provide. With con + to
91306	Decubin notes. State II Survivo many
(' '	21 0 11 3-12-8CH 21 COCKIDA
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	pole of getting 5 il Valence Cre amos polis wash. In continent OF BIB
	pole of getting 5 il Valence Cre amos polis wash. In continent OF BIB
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	porte of getting 5 il vuelone Cre amors polis wash. In continent OFBIB good 5kip pericone frequent alaper
	porte of getting 5 il vuelone Cre amos porte of getting 5 il vuelone Cre amos porte of pericone frequent of BIB good skip pericone frequent diaper and sceep her clean at possible - upp once a cok and be alborth clarity problect 101 multiviumin i minerall
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	porte of gelling 5 il vuelone Cre amos police of gelling 5 il vuelone Cre amos possible good 5 kin pericone frequent diaper and Iceep her clean at possible - upp once a colc and be alborth clarity problet 101 multivilumin 7 minerall provided for healing Of De cubilus- perconed i tab 89H AMN for pain 2
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Pulmo	onary Medicine
Name	: Karron,M Date: 9/15/08
1 (41111)	. Karron,wi Date. 7/13/06
Case	discussed with staff on rounds.
Venti	atory parameters were reviewed. Vital signs were reviewed.
	ceptable
	logical status the patient is lethargic
	dynamically stable. is no evidence of acute infection.
	t is not weanable from mechanical ventilation.
	s secondary to severe COPD.
	ntinue present regimine.
Overa	Il prognosis is extremely poor.
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Kaipii	J. Ciccone III, M.D. FCCP
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1/15/08	Kent Care
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Pu	monary Medicine
Na	me: Knowles, D Date: 9/15/08
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	ntilatory parameters were reviewed. Vital signs were reviewed
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	urological status the patient is awake and alert
	modynamically stable.
The state of the s	ere is no evidence of acute infection.
	ient is not weanable from mechanical ventilation.
	is is secondary to COPD and CHF.
	continue present regimine.
OV	erall prognosis je poor.
Ral	ph J. Ciccone III, M.D. FCCP
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ME:	Kanan ROOM: 1301) CHART#
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	monary Medicine
Mor	ne: Karron,M Date: 9/22/08
Ivai	me: Karron,M Date: 9/22/08
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Coo	e discussed with staff on rounds.
DID	acceptable acceptable
	rological status the patient is confused
	nodynamically stable.
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Pot	re is a non specific infection. She is being treated for a G-Tube infection ent is not weanable from mechanical ventilation.
This	s is secondary to severe CODD
То	continue present regimine.
	erall prognosis/is extremely poor.
Ove	ran prognosisy is extremely poor.
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Rali	oh J. Ciccone III, M.D. FCCP
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NAME:	Kanan Mi ROOM: 130 CHART#
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NAME:	ROOM:CHAR [#
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	made confortable misson

NAME:	Karren Marian ROOM: 1367 CHART#
TIME OG DST	18m 12 PB 5 120 in progress for GT & li enfection. No activer reaching ruled. HIL infact Porhand. No on trus nut I Kin John. While Continue to month
9/25/6	Reillerer is NPO, new MD order for oralphalyugeel suction QS+PRN. A. labol
	July 20-14 - Steplock Mach Sulent JUB Cofalla infragres Lan Cellulitis of a tube All Super Postion ords - hocal RX Alpe, Cls Malyed - O dishess - Made
9/26/0	Els Malle To dishers - Made Confulle Bimodinales 8 ass 1 46 982-80-14. St. 10/6 WBB & Cofoten was
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Franklin Printing 718-258-8588 St

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	top 32° frodel. Will cont it monion-gryn						

main'co ROOM: 130A CHART# DATE TIME Podiatry Note: Toenails are dystrophic, discolored, brittle and thick. Mycotic toenails are painful and may cause secondary infections/ulcers if untreated Impression: Dermatophytosis toenails Treatment: Debride toenails Foot care 2-3 mos. for mycotic Recommend: toenails 09/30 Condinued of no adverse reaction. Small durineye roted - Local To Bartonber

NAME:	ROOM: 130 CHART#
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TIME	4(98)-86-12. 10/60 ZUBB = Cotatan TUBB 0
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NAME: Kakum Marian ROOM: 130A CHART# 101/108 Nursing Monthly Nurses Notes Resident condition that her family significant other interes DATE TIME discharge of Passibly Continue Care in our SNF setting. Her cognitive ly decision making is moderately impaired decisions pos are impaired Vision's impaired with the Use I In speech has the ability to make sell under itsed som Hearingis adequate In ADL's inbathing le dozendontwith the arnot in Graphing and dressing with the assist de rendent in oral case Totally dependent in 10/1/08/ulm - pt eval vent unit staft toilet, -mobilizated Not weanable 20 to

NAME:	Kluman	ROOM:	CHART#
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NAME:	CONDUM ROOM: 136 B CHART#
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7 /	Showed waited tell 8pm - Edf
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ME:	ROOM:CHART#
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Karron ROOM: 130. CHART# NAME: DATE TIME Pulmonary Medicine Name: Karron, M Date: 10/7/08 Case discussed with staff on rounds. Ventilatory parameters were reviewed. Vital signs were reviewed. PIP acceptable Neurological status the patient is lethargic Hemodynamically stable. There is no evidence of acute infection Patient is not weanable from mechanical ventilation. This is secondary to severe COPD. To continue present regimine. Overall prognosis is extremely poor Ralph J. Ciccone III, M.D. FCCP Midral rustoi Pt remains vent dependent & 1040 To Whoh unled , ship Pla mulye ary BS BL MAT SOM Mp. (1) Chronic Rup Fondrus a hereity + chance por persons

Franklin Printing 718-258-8583 SLC-110

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1 CENSON MOCKY CO ROOM: 1 30A CHART# NAME: more people for Transfer as resident DATE TIME to assist Vent alepal Gregnent al - Continue committed closely or 10/11/08 Decubir notes. Small amount of AD 268512

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TE:	Keuren In ROOM: 130T CHART#
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	ne; Karron,M Date: 10/13/08
	e discussed with staff on rounds.
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	rological status the patient is lethargic nodynamically stable.
The	e is no evidence of acute infection.
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NAME: DATE TIME Pulmonary Medicine Name: Karron,M Date: 10/21/08 Case discussed with staff on rounds. Ventilatory parameters were reviewed. Vital signs were reviewed. PIP acceptable Neurological status the patient is confused Hemodynamically stable. There is a pneumonic process. Patient is not weanable from mechanical ventilation. This is secondary to severe COPD. To continue present regimine. Overall prognosis/is extremely poor. Ralph J. Ciccone III, M.D. FCCP

INTEGRATED PROGRESS NOTES

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To e	ontinue present regimine.
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Pulm	onary Medicine
Nam	e: Karron,M Date: 11/17/08
Case	discussed with staff on rounds.
	llatory parameters were reviewed. Vital signs were reviewed.
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	is secondary to severe COPD.
To ec	entinue present regimine.
Over	all prognosis is extremely poor.
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Ralpi	h J. Ciccone III, M.D. FCCP
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	Mr. O Premme - V reject CVK
11/19/08	NIC 8
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11/20/01	mma,
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	Ale mile. mild selb noted. Beeged Dr m conthy
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16gyran Manón ROOM: 130 A CHART #_ NAME: DATE M' Calothe Celled prels TIME an Avelox 400mg WB gd + MaxiAnne WB gidh y lode S-98.980 16 100160 HIC alle Voedeno Os i have older 98 84 12 98/4 le pine 1em 5/20 × 10 dem ell oven an per order aptahan like ceffeel. Juned and positioned Orin Care dubits (princed. more bred blinky. Medical 11/2/108 Pt had repeat COR 11/19/18 That 0930 RLC primie Pt just prinched Shrived a course of Mely i roceplus go Atch when when No melyd Cant WK = 11K ? Ru walhele - Just hundred come of + mic not symbolishy 1'd + My + multon

NAME:	ROOM: 13017 CHART #
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	to p/c all ABY of CBC 11/23 = SHOPE
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	louremale Temps: Es Tube Feedings
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2	anable to ass 61- incontinent of B1B. frequest peri care
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	Wa pump graphs and tolerated well. 2(+) side news of when in bed positioning purpose SIP ABTE Avelow!
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	deentry on Saerin getting Silvadene dry gls & PRN
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	pain c greet seeps moun from 5 or RN 12411 VM
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NAME:	Kanen M	ROOM:	CHART #	
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Pulm	onary Medicine			
Name	e: Karron,M Date: 11/24/08			
	discussed with staff on rounds.	• 1		
PIP a	latory parameters were reviewed. Vital signs cceptable plogical status the patient is lethargic	were reviewed.		
Hemo There	odynamically stable. is no evidence of acute infection.			
Patie	nt is not weanable from mechanical ventilations secondary to severe COPD.	on.	ĺ	
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Ralpl	J. Ciccone III, M.D. FCCP			
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6950	TT seek 1 exercised 4	chart reviewed		
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NAME:	ROOM:CHART#
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	HIH 11/28 9.6/29.6, TSH 3.66 preleve of TSH
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11/20/05	255 0
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	measures provided for PTEMPS-8pm Temp 98.2 Estube feedings me als 10 lescrited well
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NAME: KARRON - Memor ROOM: 130A CHART #___ DATE 9/15. 98.9-80-14-B/P 110/60. avelox & maxipine TIME for RCC preumonia. Bruse feedings sives 9/8/14. made comfortable as much as possible Decibition of es Stage II Sacral Decubiti & Provide of Avelox maxique for RII prous Albumio levellis 3.3 or 10/30/08. monited closer for 2's. 1180/08 ASG 1953 987 80 /2 97/ 110/60. ABIZ Ceje pine
117 18m and Avelo 400ym 14PB TO progress or Rei Preumance
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and Skin Care prinded, NT feeding tolinated well: Alberton - 78-10, 971: 120/60. Works I awlox / macopenie An Ru noumin a wise in progress no adversion reted good she du a peri can. Top

NAME:	ROOM: CHART #
DATE	12/108-Assessment notes
TIME	Resident alert orienteal
	to name responsive to all stimule
	Cognitive skills for clarify decision making
	moderately impaired languerm of
	Short rerm memory impaired uses
	Eye passes - Resident Sometimes
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	for butting grooming & dressing
A*	and pericare. Toral Sassistance of
	for Transfer as resident is unable to
	assist - Vent de pendant OOBS
	Recalionerate of Incontinent of BB
	Gordel Swin, pericome frequent diapers
	mal reep her clean us possible.
	Resident is on a tiven ing obt PRN
	for anxiety a good results: entubeintere
	Estube site getting manaloxalse. Freshing
	hosisof debydoaton withis time-
	Oral Cone Provided ast PAN - singe II
	Euroum getting silvadene Cream &s
	E Good ne sulle 2 1/2 Side serile 1 bed
	Ear positioning a propping meterpola
	2 amp &12H Fex B.B B.D montand Drick Me
	colmhistration of madication. On Heparin
	for DVT prophylaxis percocel itab & EH PKN for pain a Good result. On law Myroxin
	Soome co de aly leibe monitorel con LUNL- Currently on IVAR Avelox/maxipime for
v.	Plipneumonia Vital signs &St PKN and
	MINIL - Fermille Visits Often - Continuoto
	monited Thosely and report any is in
	resident's condition! - P. meimmor

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NAME:	ROOM:CHART #
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ROOM: 130H CHART# NAME: DATE TIME Pulmonary Medicine Name: Karron, M Date: 12/1/08 Case discussed with staff on rounds. Ventilatory parameters were reviewed. Vital signs were reviewed. PIP acceptable Neurological-status-the-patient-is-lethargic Hemodynamically stable. There is no evidence of acute infection. Patient is not weanable from mechanical ventilation. This is secondary to severe COPD. To continue present regimine. Overall prognosis is extremely poor. Ralph J. Ciccone III, M.D. FCCP Cons

NAME:	
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6/12	Thed, To from McCarthy - BXT Consects for Joel Change - BAT Consects Nog 45 > 984 > 8 16 974 110/60 1007 = Avelor/
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	Cesepine Ign IVPB in progres. No adverse reachen who GT feeding the alie hell June (20/positioned)
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12/8/ 12/6/ 6m	reaction noted. Solumedul Cont. & Resp. distre. noted. & soc St. Con a peri cana. 7 a p 32 provided. Will con't is mon'po graph & DSG THUS 993-80-14. Deb Abi es Adared for Rh. meum. O adverse beach on Daled Hoplack what of partial - Partier Dales Confined Stales of disher maybe and solvers On the solvers New from asked. Here of coffes in es

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NAME: Kamon Marior _____ ROOM: /3J/7_CHART # ____ NSG 015-2 12MN GG4 SO 12 98 /2 130170 Upm DATE Restremp - 989. ABTZ Avelox / lefe Pime IVPMXIO TIME bor days for Preumonia last den of Cyipinegiven @ 6 pm. No advess plachm roted. Luned arelpositued perican privated Ming missures given NSC . 12708 vis 99.1 88 16 110 68 LVAB Maxipine last dose given No odverse waiction noted. PM care provided and mode computable in 10pm load. No resp. distress noted @ this time. will confinue to monito Meda Não 12/8/15/ Pt sure sall Pt in VSS-dell PE- 1155 He-RA Ly com Ash Antion N. 102 20 why I had My == 14 Ut 11 St. 8 Des Seenby re your via er

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TIME	12/8/08 Ner Ner Ner 116-99:11 Sp 16 120/00 TShalang.
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	51 100 COO DIE PREUMENIA
	signt sob predictione from a green a
	Continue mercial
	Elosly P. Marmon.
10/1/	Respiratory Therapy
14/8/08	Tracheostomy Tube changed by ENT Consultant Dr. Bhyanni
7-3	101/2/28
10	Date: 104 5/90
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Pulmo	nary Medicine
Name	Karron,M Date: 12/8/08
	liscussed with staff on rounds.
	atory parameters were reviewed. Vital signs were reviewed.
	logical-status-the-patient-is-lethargie
	dynamically stable.
	is no evidence of acute infection.
	t is not weanable from mechanical ventilation.
	ntinue-present-regimine.
	L prognosis is extremely poor.
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12/10/	monthly nuning asserment-note.
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	The requires total assistance & ADC peromagnit
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	dressing, diaperchange pencane etc: 7 persons and
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	and cops, provided & I while oos to planes
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	Globyly perident is on DIR, mattrew. perspirator
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	Care provided. Us mondoned g/shift & pen. 2 / side rails I while in bed for positionery &
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Puin	onary Medicine
Nam	e: Karron,M Date: 12/15/08
	discussed with staff on rounds.
	latory parameters were reviewed. Vital signs were reviewed.
PIP	cceptable
Neur	rological status the patient is lethargic
Ther	e is no evidence of acute infection.
	ent is not weanable from mechanical ventilation.
	is secondary to severe COPD.
	ontinue present regimine.
	all prognosis is extremely poor.
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Kaip	n J. Ciccone III, M.D. FCCP
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	no overt s/s pain, vor, denier pain
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	additional mulition disposed 1. A. 17/06/60 1/ Bi (2)
	INTCOBLOOK), Il HCt(22.0) - Con VIII alue to hx of ETOH
	Res continues feealing 20 ml 94 h with H20 fluxed of 150 ml 94 at 9500 lbs. Total Cal -1950 cal, TFV-2100 cc. teleding is talesated well. Current lut - 136 lbs. fruit - 150 lbs
	metapolal! Will continue Rx feeding an laterated
	Show to leit charge + nut related Labo. Thelal of

IAME:	ROOM:CHART #
DATE	12/3/08. Decubitinotes
TIME	Stage I scorem measure
	2.5x25cm clean small amount of
	bloodist drieninge getting silvalore
	Cre am Ric D NIS and of - 18 con the only Of
	BIB- grod Skin pencane frequentalices
	Dand keephor elean as possible.
or .	wps once a we and be disute deily
	prosynt of poultiviramen a mineral
	provide at for he ar line of Decubing
	percoceditaborst profel pain a good
	results - Resident here air mouthress -
	DOB > Rec as role onted- Turnoof position
	#2hx in heal-feeding persuitive
	close for s's - P. monnos.
	closing too s's. C. mormon.
2//4/8	ENJE:
7-3	
	The redness or purbling on the 3Uprin
(du	Michael
(SQ1	
	Cycle with dru
-	

VAME:	ROOM:	CHART #
DATE		
TIME	Podiatry Note:	
12/7/18	Toenails are dystrophic, discolored, brittle and	
12/1/0	thick. Mycotic toenails are painful and may cause	
	secondary infections/ulcers if untreated	
	Impression: Dermatophytosis toenails	
	Treatment: Debride toenails	
	Recommend: Foot care 2-3 mos. for mycotic	
	toenails	
	5 T. L. Aloko	
	Podiatry Note: Non-professional care hazardous due to circulatory	
	· · · · · · · · · · · · · · · · · · ·	
	Times: podal temp change noted; thin, shiny skill	
	feet feet red on dependency; abselit pedar	
	hair; burning in toes periodically	
	Impression: onychauxis, PVD	
	i land toomatte	
	Recommend: prophylactic foot care 2-3 mos. for PVD	
	1 Mas	
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NAME:	ROOM:CHART #
DATE	
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DATE TIME

NAME:	ROOM:CHART #
DATE	
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NAME:	Cauch M ROOM: 30 A CHART #
DATE	
TIME	·
Pulr	nonary Medicine
Nan	re: Karron,M Date: 12/22/08
Case	discussed with staff on rounds.
	ilatory parameters were reviewed. Vital signs were reviewed.
	acceptable
	rological status the patient is lethargic odynamically stable
	e is no evidence of acute infection.
Patie	nt is not weanable from mechanical ventilation.
	is secondary to severe COPD.
	pntinue present regimine.
Ove	rall prognosis is extremely poor.
	11/2
Ralp	h J. Ciccone III, M.D. FCCP
12/23/100	N & P .
,	0 VIS-100.4962 16 100/60 Corolina
	measures providos de y lougodo
	Tempe 2000 Temp 9919 - en Tubo Fassino
	Temps 2pm Temp 9919 en Tubo Garage me ale hole sate al well-monitor Closly
	l'mamma.
12/23/18	Mudico
105	THE some & promised & chand remined
(0)	My synfunt chang
	It whom when 992
u.	Plo melyol
	Celos miked (12/23/m) > TFB W
	My hypothynot - no os to cynthud
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NAME:	ROOM:CHART #
DATE	Decebir notes 12/27/04
TIME	Sacrem stage I modern
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	end be other daily. prostat 101
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IAWE:	ROOM: 13 O GHART#	
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TIME		
Pulme	onary Medicine	
Name	: Karron,M Date: 12/30/08	
Case	discussed with staff on rounds.	
Venti	atory parameters were reviewed. Vital signs were reviewed.	
	ceptable logical status the patient is lethargic	
Hemo	dynamically stable.	
There	is no evidence of acute infection.	
	t is not weanable from mechanical ventilation.	
	ntinue present regimine.	
	Il prognosis is extremely poor.	
Ralph	J. Ciccone III, M.D. FCCP	
	Δ	
2/3/188	Michael	
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	- WILL MANNEY	

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1/1/09	indicate and indicate the freeze of
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	Misiono impania. Wans englasses
8	Sametimes makes suggestand I understand
	when proper to searing adequate. ABSHE:
	and tal Algunia Vassist & transfer Requires
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	out mul care vansant of tassist.
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	nedwest has pacial decented. Stage IT
	measure 2x sem i'm amt of belowing
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	Or p. N. Waser Kenderk on Mosel 3325
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	and the one of the following the following
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Silver Lake Specialized Care Center

INTEGRATED PROGRESS NOTES

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and pusitioned Sills Care dubits Care provided Rept

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	VMI/ Mexicals get to promole wand Reduce
	alfrumen lill 3. 13 19308 . Will with weeker
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15/09	(Nee
	0 VIS-10015 78 12 110/60 Tylenola
	cooling me a sures' provide at fer lout
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	Elos (y P. marmor.
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ME:					
DATE					
TIME					
Pulmo	nary Medicine				
- Name	Karron,M Date: 1/5/08				
Case d	discussed with staff on rounds.				
	latory parameters were reviewed. Vital signs were reviewed.				
	ceptable				
Neuro	logical-status the patient-is-chronically-vegatative				
Hemo	dynamically stable.				
	is a non specific infection.				
	t is not weanable from mechanical ventilation.				
	s secondary to severe COPD.				
Overel	ttillde present regimme.				
Overal	Il prognosis is extremely poor. We will check a CBC, cultures and an CxR.				
	——————————————————————————————————————				
Ralph	J. Ciccone III, M.D. FCCP				
1					
15/109	Dulmenay hounds die by				
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	Endered (BC) Bld (JCX) CXX				
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Lan manch room: 130A CHART#_ NAME: DATE TIME 11/60 FUND Avelor marygime continues menia es porvide of fer Tem

Franklin Printing 718-258-8588

NAME:	hann	ROOM:	CHART #
DATE	Dog - Local	RX dom	
TIME	de distress - V	nadec	en andereg
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	(CM) Coldole		BMCDarada
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64	45 98 -82-16. 39.1.1	763 WYB 2	- a velox/. max. pm
	Cene & pen can To	intact on B	arm good sho
E-	Cene & pln can. 7	- 1 8 2 provd	ed. Will cont
	Rep 12 100 9 4A. tyl	enal o cold	enonge basis
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1200	How secured a	A . A	
	I't me & lound d	dient reviewe	31
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	98 Vtols huted	Therplub	
	Pts much		
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Cerron men'on ROOM: 130 ACHART#_ NAME: 09. NSQ- VIS-100.9 8614 110170 Tyleno14 DATE ordiname assures Provide al Per Miemps TIME mexipine for Rmincillerate rential. De cubilitane provided. Es Tube Temp 999 Cooling me a sures P DO. P16 298 1 B 110/60 A1 lox Condoned as gralered herdry in Proper. manter 100,00F Poolnp nun lought Misrolen / Alines of some & nen

NAME: RAYON ____ ROOM:__*|\$\overline{19}\ov* DATE TIME 8 2 16 120/60. BST Z' left pine Gran Can dubit Car proced at feeling weel GT, plush as ordered. Dox maxipime for WPDO. 2pm Temp 99.3 P. maimman

Carson meinon ' ROOM: 130 ACHART#_ NAME: DATE TIME 1/12/119 Wash Bay Wax, CH CUL Circle hall drug

AME:	ROOM:CHART #
DATE	
TIME	
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NAME:	FOUNT ROOM: 307 CHART#
DATE	
TIME	
	
D 1	
Pulm	onary Medicine
Nam	e: Karron,M Date: 1/12/08
	Sate. If 12/04
Case	discussed with staff on rounds.
Vent	llatory parameters were reviewed. Vital signs were reviewed.
PIP a	cceptable
Neur	ological status the patient is awake and alert
	odynamically stable.
	e is no evidence of acute infection.
	nt is not weanable from mechanical ventilation. is secondary to severe COPD.
	entinue present regimine.
Over	all prognosis is extremely poor.
	Nh.
Ralpl	ı J. Ciccone III, M.D. FCCP
1/12/19	701
1101111	nely Pulsas a server a preside deposit of the
(///-/	Fulmanary rounds done by Dr. Cecagine.
	May 10 de affect fragepense - Just
	Tollander US 101 101 101 101 Tolland
	Colling madelles ques will monitor
1.11	10 Chegg
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	Quen Complete augulen screetiel motion
	Som Report Skeele Leeder to accel
	11 110 May ter 10 man a
1/12/	NS9 1002 79 16 95/ 120/60 Cooling means
Gom	Dome de de 155 Mario Car Condend (185 land in 1970)
	Will Miller NSG MGS > 1002 TG 16 95/2 12e/60. Coolig means promoted (55, flush as ordered. UT becking fallerate of well. Junned and positioned peut carry distributions promoted. While Specimen obtained for 4(A cB. Will Continue Limnaho komp Differed > 499
	med I wheel and positioned per cany ocubit come
	por deg. will specimen obtained for all to bell
11,10	Continue Comachi kmp - Brhash
·ya	Apt temp - yyu

NAME:	Rarven Manan ROOM: 13017 CHART#
DATE	1113/09-NSR
TIME	VIS-100 80 16 110160 Cooling measure
	provide d'En low de dé Temps - es fube
	Lee olings me de lo levre ed une.
	Decubitione provided 2pm Temp 10017
	Tyling 14 Cooling me assures provided.
1 10	monitri closly - ememmon.
1/13/09	059
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	Sparsed - glush lis ordered
Į.	No De at Commanda & TVO & TURO 100
	A Sunced - DONALICA A THOU
	God Sicen & Pere Cara
	made contable microcale
	hmx - Janocot held Bincomed
, //4/0	NSG Hmn US - 993 D6 16 97/ 100/70 Aptlomp -
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	How he is the company to the said well - 100 cm to the said of the
	1815 Oly Week Confined to Monera
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NAME:	Kaywn, Mone ROOM: CHART #
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	(elm mixed (1/12/49) (49) (18) (68)
	(12.8) (33.6) 222
	Oex (1/12/09): RML rublhulp Bage
	MP (1) Purme - on Melle & menopure
	(c) Deluydul IVF x 1 dy - mill number
Hula	NSE 5-een by DR McCelyty os-elond WF Y2 NS IL over 12hts x I clay (mp
	1 16 00 C 12nts x 1 con y con p
	i i

NAME:	ROOM: 13011 CHART #
DATE	
TIME	·
1/14/09	NRQ 7-33 15398-8046 110/70. Eucoperated by
	Di Milanthe and 12 NSIL O13° x 1200
	ordered. IVL on @ arm not functionary
	New line started on Q Foot due to 8 inchalety to find acress on hundr lamo.
	inability to find acress on hunder larmo-
,	indoloty to find access on hunds lamo. 22 april ango catheter used & april blood. 18 turn- will miniture.
1/1/1	
	1 de Fluide inquera no impilhali
	VS.996621610180-35666600
,	73 10 9 10 110/100
1/15/09	NGO S
6 M	45 95 - 82 - 16. 97! 100/60. 18p7 1 99 @ YA. ZVA
	1 6 N/2 1 9 D X 1 RAY en tust Will I MA IUI
	Model, will coil to minison you
1115/001	
115100	VIS-994 80 16 110 60- HIL
<	inserted (R) Arom - WFLuddle YING
	Complete of @ 2pm- Estube Re alings
	me als tolerates well. Decubin
	Cene provided moniter closely. Pinemas.
i / / /.	NOTE AT 120 CEGL 28 16 CET/ 100/1 MALLINES
11(16	1106: Fund Commi GT / with an ordered. (A Training marge)
(9ex	Prince of the eling to be the well. Lunhed and
	positioned, sich Care, peri care, derbiti Care prinded
	NSY Dmm Ups 991 28 16 976 100/60. Npthop- 1006. Fyrkl Given GT / lush as a due cl. (2001/19 measures) Princle of of feeding toluetted well. Lunhed and positioned, Sien Care, peri care, dubiti Care princled SIP IVF. Will Observe With month
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NAME:	Karvan, Marie ROOM: 130A CHART#
DATE	
TIME	
(16/09	Medical
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	Pt was having levis a went to Rlo UTI
	0/6 Vibel inted Those 1006
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	mo asuro e provido de for loco grade
	remps- Estupe fre ce ceings/me als rolerate al well- apm Femp 99.8
	moniter = losly. I promon.
-16-09	1/1110 1110
1:30p	MyN 71 - Dr. Mc Centhy ordered, to i Flush
	MYN 71 - Dr. Mc Centhy ordered, to i Flush
1 1	
r16/09	num
6-11)	V/5-100-80-16. B/p-100/60. pBUN. GTube Flush p 300ce
	OAb 12 days + siven as ordered. Grube Ceedings tolgrand
-	Spin Tenp- 999. Turn of I positional girthy sood skin pen com provided will observe dosely- Fredericker
	sein frest com provide a will observe closely - studentiales

NAME:	Krinen Marian ROOM: 1308 CHART#_
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	ay moted offullan moted. Kecking
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	Will bonder ferident on foreget 330/174
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	10/3000 11D to promole want harry
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	on Voidling 250 ca. 940. Fol will. almentialent
	of 616 Cord Ment plei Lanculen chunes
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1/19	nearun proded at flush as included, little deng toluales
Corr	well Lished and Jusi honed Stin Cano Deni Cone
	well 'Lune of and fositioned skin care pericene dentito care from eled. I - Athera
1	7
1/18/09	N84.
3-11	vis 99.4,76, 16 BIP 118/60 + Resident resting
	arell-arillestiques to monitor - M. Sur
×	

Karron, Marion ROOM: 13A CHART#_ NAME: DATE TIME Franklin Printing 718,258,8588

NAME:	ROOM: CHART #
DATE	
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Silver Lake Specialized Care Center

INTEGRATED PROGRESS NOTES

,	Karron, M. ROOM: LEOTH CHART#
DATE	
TIME	
	Pulmonary Medicine
	2 SALLOLINE THOUSAND
	Name: Karron,M Date: 1/19/08
)	Date. 1/17/00
	Case discussed with staff on rounds.
	Ventilatory parameters were reviewed. Vital signs were reviewed.
	PIP acceptable
	Neurological status the patient is lethargic
	Hemodynamically stable.
	There is no evidence of acute infection.
	Patient is not weanable from mechanical ventilation.
	This is secondary to severe COPD.
	To continue present regimine.
)	Overall prognosis is extremely poor.
	Ralph J. Liccone III, M.D. FCCP
1	
6/10	<i>h</i>
2009	059
371	US 1504 - 82-16 - B/0150/80 SAMSEd
	touth to a land a dead a condless
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	ges ordered - grube feedings
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	To Spaged bulk - Pome Dingold
1/09	NGM.
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0 1+	1) 100 - 10 - 10 light a Call sponge
	bath given a las Rist: 99, 9704 sta can
	& pen care. Top 32 provided, 6/2 deccing 76,0
	both given 8 pm. Rp7: 999 gnd ske (and & pen care Top 32 pmovded. Gh deeding Toll held. Will con't to monitor locky gny

NAME:	
DATE	112109-Nesg-VIS-9919 8016 COOLING macrines
TIME	provide of apm temp 100.6 tylonold
	cooling measures provided monitor
	ciosiyo finamen.
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1/21/09	Monthly Nyrspag plote.
11-1	hes cont care in an SNF setting commune skill
	Be deily decision making is moderately impaired
	Imprired long a chart term memory impaired
	to make self understood a some finderstand often
	Tatal dependence for bathing despho and a
	per corre transfer require two or more newly
	per coire transfer require, two or more people milatity of chairfast and wheeled in recliner
	incontracent B&B not porteted, social isolation
	20 limited physical ability indication of
	anxiety exhibited by todgeting physically
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	abusive behower, pull tubes famure to get our
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	umnobility. Potential for accident 2° decrease unnobility. Potential for accident 2° decrease uson, teres 6 get up from w/c impaired jugglenes
	& 08 teoponosis GT, Pulmocare 25000 Q 4 hair
	Lind better 2° compa state & use of parkage
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	pressure User 2º montinent BAB 2 /2 81R
	for self position assist will cont to injuntor
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1/28/09	mm
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	The cartal for surpress format - and for the
1 /2/09	A G
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NAME: Karon, Marion ROOM: 130 A CHART #_ DATE TIME Rececit made Conjulable to Jassibl 78-16 B.P. 10/60 Care privided. Decubiti notesonici-

NAME: CENSSON MCASICO ROOM: 130A CHART#___ hers curron thress ODB 3 R/C DATE Resident as polesured, Turne of Poeiticne of orbos TIME on beal Fee aline persontine 25 acc 6 4 H 2016 soutes well - Albumin loval is 3,6 on 1/18/09 moneter closely for D's. 24/09 NSP Tooling meansures provided for Tembe - 2pro Temo cooling me eiselve I repealted. enseme el s vole menited closiu. HE MD 1007 86 MSG 19mn 6/5-21012 88 16 8/74 110/60. Jeglel gwen Of flinh on ordued. Cooling means Branched James and positioned good skin Cane, dubits come pounder by fredry toler each well liptiemp > 1012 Fybul - Cooling measure repealed will continue to mantin Brham a tom lpt lemp > 100 F Tesident continues à p 7=1021 @ 8 AM B/P 110/60 Fi IST i IN Maxipular & The los sold Dr. Cucore on 1/12/09 for RML because resident was still removing Mayor dispite ABT for 6 days. Bex, CBC UlA cas all wordered on 1/12/09. configured resolving Q 11h infiltrate T'usc = 12.8. Risedont was offeline when 1/19/09 then began spekin 1009 - 103 hel today 1024 · Repent CBC on/12/09 showed WB (= 7.5 with -) Resident Stage It when to seemen which Roughe tomoratod to STARE IN or noted

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INTEGRATED PROGRESS NOTES DATE TIME Pulmonary Medicine Name: Karron, M Date: 1/26/09 Case discussed with staff on rounds. Ventilatory parameters were reviewed. Vital signs were reviewed. Patient examened PIP adceptable Neurological status the patient is lethargic Hemodynamically stable. There is a non specific infection. Patient is not weanable from mechanical ventilation. This is secondary to severe COPD. To continue present regimine. Overall prognosis is extremely poor. Ralph J. Ciccone III, M.D. FCCP

NAME:	ROOM:CHART #
DATE	Non 1/5: 339-87-16. 35! 120/60. IlMBT avilox/. maxips Bu infected deaphi in progress. no adverse 100 ction noted. Mr Ram infact, grassle ste can pen cone, 7 a p 32° providul. 6/1 feeding 7.0 . West Will con't so moniter. Tang
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Silver Lake Specialized Care Cont.

INTEGRATED PROGRESS NOTES

NAME: Kanan Marian ROOM: 130 A CHART #_ NSg. Resident seen and evaluated by John Mccarthy MD DATE to increase pay plush to 300ml even Lihour x 3 day TIME enith the feeding -101.8 80 16 Cooling me alsuros 1000 Vala alinalme 12mn 100° 82 16 110/60. Fylent grun pronded 67 Just as per ord Levels Avelo / lefépine IVPB- 20 porques deubids: Cot feeding tolerales nell, Juined Care peri care pronded. Well NSO De cup it onicol

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	ROOM: 131A CHART #	_
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Silver Lake Specialized Care Center

INTEGRATED PROGRESS NOTES ROOM: /3/A_CHART # ____ Marion NAME: DATE TIME 13000 126 on 1/27 / Palassia 58 (5.8 on 1/27)

NAME: Karton, M. ROOM: ____CHART#___ DATE TIME 130109 W1:1007 88-16. Celod 972/2 110/70 opm cooling mean. applied adjusting well to m. A tappe tor interes o Do. All Care rex olina meas repeated Ilphation mountained 3/09 VIS 104, 96, 16 BP 112/72. Tilena Men Cooling Meddies Bondes Curl Pericure Brovides AB IIPB maxipine for infected pecubiti Averse in Boogess. Me apresse sealtin notes. good sign we feel and Brandes Referred tent. 100 Tylena men. Cooli mensus Browses. Contrict munhames a sest astress notes will many for for changes. anand IV Sccray

INTEGRATED PROGRESS NOTES Ler Man 19 ROOM: 17 CHART#_ MAME: DATE TIME maxipme a suelox Q/2 Tes H. 5010313-86-16. BP 6-16.102,7. Tyleno Maxipine + avelox in progress pheumonia Freding + Medication to monitor VIs at 12am 102, 88, 16, 1101 90. AB Human 2/1/09 Andox MG 1 UPM Contonus. Ty Und 2000 400 grum. IUF D5Y2NS at 83ml/ho informatively 4 Dm Leng 102 8 F. Tylind, Colling measures Rodraded. Regional responding to Stronk will manifes. Aleinenthy sho NS 6'. Stein checked under Track Collar intact Imille n 1039 120 40 BP 120/70 IV DB Maxinime ~ Aulo los precenioces. Tylenol a colinip a receive biened well, Printing 718-258-8588 i delt. coire provoled No rem. alistress moleco

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NAME:	Jaarrone	ROOM:	CHART #
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NAME: Karron Marion ROOM: CHART#___ DATE TIME 1/11/02.4.8.2.111.100/2- Tyle adh, as ordere necesses applied LIAT 100-4. Resident IL all in hugher will were here 4/8 Cefepine and Military Arteston ... 12 y Vadells Monifor any I hangle In Stalus. - a Gove reviewed Pt eval c the ch vent unit staff. vent parameters reviewed Trach care pula toilet, mobilization, suttritional aupport continue reviewed a 65 (antibiotics tor debridement Not weadable 1009. 86.14. Resided off 21d day. pro maxipme a pullox, & olde effect noted tups of our bound as pro as pra ordered Riterip 102"3 O 2pm. Repeated - 5 Lenal à lue baj apply usup cont monton

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	V5) 1002-82-16. (INCENCO MORRURO LENDEROD Re 1988 0= 600 CC + 150 CC = 750 CC - CCX
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49/	g. Ald It feath
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INTEGRATED PROGRESS NOTES ____ROOM: 2 40 H CHART # emon. NAME: DATE Cerry deun TIME nonita

Karron ROOM: 24017 CHART #_ NAME: DATE TIME infection cont no odiese reachine notes IN MUNDINS 0.9 14 Q 12° recet. Heplock R/ hiseol. had noterest. Cooling meone given treis moted: Out put 9000 unine gellos riendines l'edeme put can will count necessor Teen rep, 1012 Tyleuol 2 cooling meanie oficie mode rend coceeproble. Will cover mouth NS 102.1, 80,16 BP 90/60. Thena given for tent (oding measures Bonizes. feesting as ordered tolerates well. AS INB WUSIN (ont as ordered no effect adjesse reach a voter. Repeat tent. 101-6. Tyleno oder. Cooly menses 71000 PIC out RIT 500 CC 6:36A

TEGRATED PROGRESS NOTES Carron marion ROOM CHART #

NAME:

DATE 1255 TIME 1 + 2 2/10/0 mass (o cliny 64 IV AB UNDRIGH COLET. cost: no adveno reschoe & Tylenol pivell generaline No open distress 900 CC Unite

Franklin Printing 718-258-8588

INTEGRATED PROGRESS NOTES

NAME:	ROOM:CHART #
DATE	2/1/09
TIME	4.45 0.1
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	B/P 130/58 P-144 R-16 0, SAT = 949
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س	resident transferred to SIUHN (EN) for Deschoot PCA SIUHN EN Pr. Samo -
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NAME:	Karron	Marion		_ ROOM:_	248A	_CHART#_	15354
DATE							
TIME	(1)/.	^					
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NAME:	Kanson	ROOM:CHART #	
DATE	I TV CVITCUS I CO		
TIME	LTV CHECKLIST		
2/19/09	DATE: 2/19/9Pt. Name: Karro	Rm: 24) Avent s/n 3116	
211910	I. <u>Alarm OP</u> 1. Vol 85 dba	II. Vent OP	
	2. Apnea Int 20 sec	1) Leak comp On ☐ 2) O₂ conserve Off ☐	
	- 3. HP Delay A) No Delay □	3) CTRL unlock hard	
	A) No Delay □ B) 1 Brth □	III. Presets 1) PTNT Query Off	
	C) 2 Brth 2 4. LPP Alarm 2 . arc	2) Adult Ventilation	-
	4. LPP Alarm A) All Breaths	IV. <u>SBT OP</u> 1) OFF ⊭	
	B) VC/PC Only	V. Power On Self-Test	
	5. High F A)	Alarm Audible	
b)	B) Time 30 sec	Control Test Vent Inop Test	,
	6. High PEEP Off □ orcmH₂O	VI. Alarm Functioning 1) High Low Dow Min. Vol.	
	7. Low PEEP 2	VII. Filters in Place	
	Off □ or, cmH ₂ O 8. PNT Assist	1) Air Inlet 2) Fan	
	A) Normal	3) Hepa	
	B) Pulse	VIII. A) Rate Checked	
	Plugged in & working	B) Volume checked	
	RT Initial:	IX. Low Pressure O ₂ Source	
		*	
-	Ist Eve of Re-Admiss	ion - Testino En la	table
	an current vent set	tungs-RT to continue	e s
	monitor -	S OPA	Trh
2/20/9	N (1) CIIIs		
arin	11984.76/2	· 13.17. 11 night ye adm	1158 Jun
	Resident remains provent	alfrident purreip Care	Proubed
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	Olice + Ann NA MIGHT.	11 DIGHUN & WW PL. 1091	esc aff
	at 6 km 1 and of 1 15 of a	ly maryland for MRSh	7 spylia
	NV 515 9 del Flet Raled Will	mondor PI Clerk - Dru	me par

ROOM:____CHART # TIME 26 0/09 (pri-Readonssier PPD Deaced (2) Janearm.

Please morted d. ADD bollner 2-20-09 DT 1Renab 10 10 Am Resident seen for OT re-oval quis restarative OT 2' to medical condition actively participate in tasks. Cefinen aster, weef PT/Rehal 2/20/09 Residut sen for PT re-end S/P readoni hospital. Relident is not a condidate restorative PT & will Continue & program, mayon murayot Readmitted Today arm & skin boulet Pravide food Skin Leeding Perutius 250" office on Q thy morning Uside monitor Tolash o Sport 400 on 17 as Product of Also as Perul

_____ROOM:_____CHART # ____ NAME: DATE 10pm Quening Peth to facility Awake & responsive to factile a painful (timuli: Generalized edoma Desiete Extensional Allinous: Sip Diffucan inspire Medi & fled to full xes incontinent of Dowell & Coord Skin, a Desical Dovided, The glas All Coord Skin, a Desical Dovided Skin, a TIME 2/20/109 16 Output 700 mg Non 22109 115 48-6, XZ :18 BP 130/90 Resident 2ND nish RIA. AULICE + REsponsible to pulling una RINGH Spindi. penentines Etens pens Extrimities Elemites on Pillows. Sil Difference no diverse reachin woter - Bonel throughent Blitter Consent 20 Plc Domining yellow when you were cure fericure Bondes of Rest. MASEST VOICES PIC and PIA 600 1-0 10pm V099-86-18, BP 120/70 Resident 3rd evening RIA. Awake + responsive. SIP Difluction. NAR'S noted. All care rendered. Medication + feeding +olerated well. F/c output 500CC. Will con't to monitor— 42200 Non- 2nd kon Stp de flucas 1590-78-16 132/90- Generalizes

Silver Lake Specialized Care Center

INTEGRATED PROGRESS NOTES

NAME:	<u>Катои</u> <u>воом: 245</u> снаят #
DATE	
TIME	NSG. V/S. 988,78, 18 BP 98/60 & olay RH. 5/p.
2/22/08	
3-11	verp. distress rioled All core rendered.
	met put 500 ce unine yellou clear - Goch.
2/23/.6	NUTSING
111/	11/100.6-88/8.11.162-Tyleng alm as
11/	brokend. Cold measures grilled. 495 T. 99. 4. 51/
	Diffuga Ni advise Moils nglid Fle draining
	ambly lance cultiful- 500 ic. (11 Thereting fixed)
	Kelevaled W.W. Complete MM Care populated
	NV 51.5 9 deltrellengled - wall continue to
	Noter gled W. W. Complete M. Care populated NV SIS 9 delt sell Miled - Wild Continue to Monter of Closely - January De
11	
	9NS -
7-3	Residut a redness, warmith
	+ sweeling to Q & leg - will have
	MD evaluate - possible ceclulities
	Log keep elevated on pictor - stare
2/25/0	9. Pt. = collabilities on laws
2/23/0	9. Pt. E. cellulités en lour
	will By i augment & Dry But
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2/3/0)	N 5 9.
7 3	1/5 992 to 16. Risidut nated Adding
	rednesto a Swallen - coaled pr parisi
	via 4/ouble. Usee court observation
	via 4/tube. Usee count Tobservation
	-m/

Sliver Lake Specialized Care Center

INTEGR	ATED	PROGRESS	NOTES

amon NAME: DATE TIME . Divigori. 78. 16. Oyat 97h BP 132/50. Res. Started Opm on AB Augmentin for le lawer leg certalitie. Area remains realned & adverse reactions noted. Meds & feeds to well accord skin & Dancard Diray olla, Tit 30. All care rendered of lorson askuss noted. Will Obl. A. Care Couput 50 ml 2-2404 NSgr VIS 99-8, 75 116 BP 102/60 As Aymentin ey 6AM Orderes. No Udverse reaction notes for (R) Lower Les cell-11/2 Reagness roses SIR 3rd but Diffucan, ut feeting as casese tolesytes ver son sich ause Penicure Boines pess. 1375ess votes. ELC out RIX 250 ((2/24/04 Speech - Res screened -Res continues to domonstrate & responsiveness all neils an trepaied Dysphan & Cond. NPO Credde helex 5/ cuth batpit 700 my v/s 989. 18. Res poor condition DB Dufmentin progress. For cellulities on R) 10 ain des. Redniss a mullon NSG. U/S, 99+-82-18 BP 100/62 Deepmeetin cout lor cellulitis. Dondert pour coutinou. Good Shin & pencove provioled. T/PQ 2°, Generalize coloree extr. eleveled de pielos. All cove acustered, No resp. distress moter , Dut put 500 a Will cont monitor — goci 20 alut moted LBMS x 2 — gray cont monitor - yoch F/ 6 W/ FW - 500. (1 And 12)

Silver Lake Specialized Care Center

INTEGRATED PROGRESS NOTES

Cerron. M ROOM: JCHART #_ NAME: 1054 Decusitus note DATE Scenem stufe To measuring 10x9x2 TIME Clean tissue a blood drainafi Wet-pr dsg & wash as West-prof dag in wash as Rishin stafe to measuring 1.5x1 Jugaty fell These we West sont dag over les cellulotis a an Dufmentin promiss. is stage IV measuring 5x7x01 Tissue a around redness dag o Nos wash a sho on special air matthess turning position as into ookfor 2/05. Percacet of tak at pain control incontinus a continut of bludder Jetting Jood Okin a Peri a Flouth lary · Prastat 101 Ta minejal impracia mustrition status WAB weild, bedibath dust provide noll cond manita esident poor condition @ recently. today's wps schedule, but Jun good bedbyste due to Sideness. Will monitor a Y/5 100° + &2 12 BP118/24. 10/2m Resport poor condition Edematons all Exprinites elevated as takerate 413 Dugmentin plaghers for 61 down ly Cellulities DUILe offer completely ADL'S care a Compataore postetion Return 100° 4 proude Goaling muss of well most on 2/25/09 NS6 skin assessed undertrach

NAME: _____ ROOM:_____CHART # DATE TIME Divided Tip 20. All Care rendered NSS 22601 115 98-6, 80, 18 Be 110/60. AB Augmentin Comb for Cellylities Ples con 3. no gaverse Ruchin rotes. good skil are Renicuse ROWNED- & Rest. Others notes PIC out RIA 700 CC will monitor for changes - your eathoutput 500 nl the che vent unit - about reviewed vent parameters, pressures, O, sats - acceptable No + wean able NS6 VIS. 982 82-18BP 100/68 PRIQUEERIN wo 61 cout no after moether notal No seys distreis Out put 300 cc coul nouter

	1 MIEGRATED PHOGRESS NOTES
NAME:	CGYMM. M ROOM: CHART #
DATE	Nursing
TIME	Resident Continued on Augmentin 875 mg For (b) leg
2/22/09	cellulitis, No patrient ordiense out come noteel leg és warm
3-4	red and swelling, elevated on a piltor, no apparent dishes
	nobel. VI 978, 82, R-18 BP100/60
	flatput-500ec con
2/28/00	9 NINYSING Us at 1200 99.2, 84, 18. 108760. AB could.
& Am	\sim
0/28/09	723 bleath output 400 m
2 28	NSQ on an analytic terms
3-11	V16100,1-80-18. Repeat temp 9914.
	Adamentin in progress to By Leg
	Cellulitis. Medst telding to lerated, y
	All care rendered. Will conit to amornitor
	All care renorded. Will contract to amortitor
	10114 Amor
0128	NICO A A
200	FIC out put 55000 - >xiva
2.100	NSG.
SAM	V15 100-1, 84,18- (00) mg newsures
-614	Roondes 5000 skin cure pericuse
	Boules. p. 1 feeting us ordered
	toternted ver mens and To as
	ordered Release tent 100-3- Cooling
	menuses Bouses persont sure
3109	Mg time wir norther som
6:30/	PIC MA PUT 350 CC - DELLA
3/1/09	159
3/1/09	1/ cuth odpit 400 rel
	4 400
3/1/09	Nsq
3-11	V/s-99-7-82-18 Ozat 97, BP-120/80
	AB continued - NAR
	Redness persists Feeding tolerated well Good
	Redness pensists Feiding tolerated well Good Skin and freni care given Will cont to monitor
	Delta Delta

NOITHOU ROOM:____CHART#___ NAME: DATE TIME or a les rellights no volvene recet a Good I care poubled I/PQ20 1. Olistrees motest. Renoleut poor 3300 101.0, 82,12 Be 104/60. Tylenon onle (od/not mensure) pronded. good skin cure lengue Boonded As Angenenth Cont us orteres No diverse reaching notes. py feeply us exterer toternet ven. Repent tent. 100-2. Cooling menses Bondes in manifer for changes. PIC and Prot Residens (c) his skin open and about 3x2 mispely is audin confess.

ROOM: CHART #___ Komou NAME: DATE 19-20-14 BP 100/60 Accomental court. TIME cellulations. no odiene reaction moteos shin & pencare prondest. NSG Deceptor note Stafe In measuring 10x 9x205 drainge à bloody color 1 NG wash too it is wet-out dag Condition emprous charge to Bucitrain out & No wash Bio Ryhip Stufe To measuring 6x7x.1mg docte tissue. wd around Some Excavation speril a Jame. redness bacetracion out à cour compense to previend bond area Res con 190B-R/c QOB persontines of 18/18 Jeffing good skin percacet Receiving a/T moominance to emproue nutrotion to WPB Weekly bedouth dady pravi well not manitan

NAME:	Kamun ROOM: CHART #
DATE	
TIME	£tiquettes faciles à neler
	1
3/4/159	Podiatry Note
	Toenails are dystrophic, discolored, brittle and
,	thick. Mycotic toenails are painful and may cause
	secondary infections/ulcers if untreated
	Impression: Dermatophytosis toenails
	Treatment: Debride toenails
	Recommend: Foot care 2-3 mos. for mycotic
	toenails
	Probably note
	Lon Dispessional Care hazardonadore to Circulatory
	Engarmont
	Furting DP won-for palpable pulse
	PT non Dadoable Dulse
	Empressive ony Chauxis, PD.
	I realmost Hunned claracted terming
	Recommend prophylardic footcare 2-3 mas for PVD
	the state of the same
3/4/09	NSG.
	Residents 1/00+ 4+h +5+h for mare broke bleeding
	clean sed & bourharin applied welmonstroft balberry
2/11/00	
2/4/09	The state of the second
10/11/1	of Chillist guml.
2600	
3-5-09	NSON V
6AM	V1) 98-6, 82, 116 BP 110/20. As Aumentin bust tose
	Reaction words. 2000 skely case Reniciple
	Reaction noted. 2000 sky case Ren'cus
	Popular of feerby as ardered toperated
	new mess and To as or teres. O pess.
	DD+8ess noted PIC MA PIA 300 CM
	will maniter - It wanted
3504	M9
6:15Am	Refert few 100-8. Then of the for tent. Coolur
	medities Boutes gog san lar Perane Bruses
	viv manitar

Silver Lake Specialized Care Center

NAME: Comer - M ROOM: CHART #____

DATE TIME 1059 h/cathout put 700 il 3/5/09 pul- med - above reviewed pt eval = the che vont unit staft Vont parameters, pressures Of satis reviewed continue trach care, nula toilet, mobilization mut c, tional support Not wearable 1001 prognosis uta base revio reviewed Data as on NS6. 015. 985 84 12 BP 80/60 s/p Bugmersin no colvene reschou noted . Rejoleut poor TIP Q 20. No veys olistress noted Out put 500 a Hill cout moutor RECP Care Notes 2 Sputum culture Isonsition oblained to Remove from bolotion. Aram (RT 154 monthly nate Risident Responence call name a Tactile Donale Ris open her ejes i call name Sauckly inightion commence stall for daily decision making. done i Short term memory poor totals dependent Aba's care two person impained of vision a adequate of Learing 60B-R/c 060 box 2hrs Rey had mutti decustari decibitus nate, Rise incontinos of bociel a continued of bladder a neath Jetting

NAME:____ROOM:____CHART#____

DATE	cont monthy natu
TIME	good Gain & poor a Heath care
3/6/09	Ris on special air mathress a turning
0/6/0/	pasition a 2 hrs Percuent - 7 & ab of
	for pain control before dos charf.
	Rk on Ativan & Paris por un xidy a depress
	of side effect o medicion a - Ma psych a 3 month
	Res on contast is abotton for MRSPO ad
	Glanke budget perative 256" 94° 61/20
	100 finst peach feeding & s/s of a T
	problems Rise completed sugmention for
	(R) leg cellulites. He admise moet ion
	& (R) leg no suellon & na vidness now.
	Siderals 2/2 for superty prom to V
	goet tumbie & Rips OS. Res a foul
	4 that the new beds blief of nated
	after podratory Seen a Cut the The nails
	ordened bucht wear cent apply en xoules
	Kis generalized Edenatous & (B) arm
	mutti each mule skin nated a admission.
	provide gent de olive care à ADES care
	mp B a cust weight 185° c60 O cumulted
	Wall coid mounton - my
3/10/09	
Com	1 W1: 1004-82.16. Regat 972 BP 100/70. Cooling &
LOJIII	comfort meal applied for low grade temp. I made
	+ Fleat for 11 2011 : Copy of Print Devicare Dip Vialed
.,	THE ORU. All Care rendered Apt. 1005- to leno allow
	rooling a comport mear contrato destruct
	noted will one.
	Mc Owsput 700ml - All A
3/4-09	mg-
618	PIG and PIA 600 (F)
>-+-11	A-3 410- 400 11 - Hawik Wan harry K.N.
3/8/09	Sam +10 - 2000 cleare thrink soper hy
2/0/120	LODIN MILL OUT LEDGO OC - PORCE
018/63	1014, out put 400 cc - Goa
	✓

Silver Lake Specialized Care Center INTEGRATED PROGRESS NOTES Karnn Marien _____ ROOM: <u>2 457</u> chart # ___ NAME: DATE TIME NUNSING conflat-400 (Jourd 300 (-7 156 urmy DOS cure ONA find on Ar wet but Pt & the ap in al petersial to feeth of 18 & prosteins . 12 f NS6. Out put. 400ce Fol. coth in het poteet - god NE Mc cy/141 - 300 (1 Amod A 1054 Decilitate nate Saenm Stafe To mensuring 9x 8.5 x3 cm Wet-pif dag in was for Rishin stafe 11
measuring of X of X o 1 m style of fell tissue Bagitracin and NG wash Bi Or we red & doute Tiss as around redness

West-roof day i sincount

open 08/8/09 new Juty worse. 5/19/19 Yell

_____ROOM:_____CHART # ____ cont secutitus note DATE TIME Ris general condition poor à Edemation A multi-right masis Ris on Special air fumne position a chos a coop for 26x percount i out or pain control. no evidence ob during das adans. Incontines of a Continued of bladder of bladh Elein a peri care now a fouler les fein opened appro 300 cm Artilo Rin Elementous ordered backraen Toward 10 Res. Fileiving oft ud of persoture, mui minem (of To umprou mupition tatas. Wift weelfy bedbath darly previde well monitor 311109NS6 (3.5 Done Doen for I Meno Continue o all le Non 3-17-00 aux Put 200

INTEGRATED PROGRESS NOTES

SILVER LAKE SPECIALIZED CARE CENTER

ROOM # _____ CHART # _____

NAME

DATE IME pula med - ptevale Nogthe Un vent unit staft - above reviewed vent parameters, presures, veaning (see data base) weaning prognosis present ventilator 100 9 NUTSING 150 Ce - Hendenty Rov. 3 Am Edry put 114/09 NUVSIAS thorough Put - 4 wcc-/ N392-PIC ant Put 500 Ca 450cc -

INTEGRATED PROGRESS NOTES SILVER LAKE SPECIALIZED CARE CENTER ROOM # C

______ ROOM #______ CHART #____

DATE TIME WS 1639 (ath output boom Form No. SL-240

INTEGRATED PROGRESS NOTES SILVER LAKE SPECIALIZED CARE CENTER

ROOM# 2401 CHART#

INTEGRATED PROGRESS NOTES

NAME_

SILVER LAKE SPECIALIZED CARE CENTER
ROOM # 24017 CHART #_____

POWER A PROVI	
DATE	
TIME	
3/18/0	9/1/20
1706	TO FIC QUIPUT ACOM
24	
3140	1 10 10 1 10 1 12 00 12011 (
GAN	VID 101, 401/8 BP 120/66. There men
	for tent. cooling meures Bonget.
	good sun care fen and bounded in
	Repent tent. 101-11. Mena given Cooling
	Referre tent 101-11. Mena onlen Contra
	neuries former pic on pit 300 cc
	003100 1 51-1118
	pesident studie at the time win
	manitor
3/19/0	2 ~55
15-3	Resident (1) his decontrol worse Pu 9/6 Poor
	& Esternatorio. Wet fragile Skin privide gent le
C COLUMN TO SERVICE OF THE SERVICE O	den fune à bon's care order charge da
	Silverdein ir ta () hip as libel monta
	mille
10 Au	15/00° 12.12 BP120/A
	Residut not b temps grun stenal
2pm	a coaling madsafe. Retup 990 32pm
· ·	3/ cathout put ilounds my
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3/10	109 pulm med - above
)/1	109 pulm med - a sove
	Pt eval = the ch
*Elektion/administrations	
HOUSE STATE OF THE	vant unit statt
	Vant para me tors, pressures,
	O) st +s reviewed
	Continue trach care,
TOOCHER PROPERTY AND ADDRESS OF	pulm toilet, mobilization,
	mutritional support.
	Not weanable
	The MI
-	
19/05	
3-4	NSG Out mut 650 cc God
2000	Min J
1	Est met Ret 400 cr
5 m	MC CMM ITT
1	

Karron ROOM: 240A CHART #_ Maylon DATE TIME to 0 to Silvaden No neurotic Crea Decub for

Silver Lake Specialized Care Center

NAME:

Cumar ROOM: CHART #

DATE TIME 2106 na elldence 10 Dm 18 110160 BP . COOlmy mensures 3/21/09 Pour undition 1/5 992-52-16 99 Floonsport 35th - Well

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NAME:	RUSSIA ROOM: 210 A CHART #
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TIME	VIS 101-8, 86-118 38 120172. Tylena glen
11-2-04	
CAN	good skin case Pericare Bovises
	of teems as ordered totales how
	Referr fent 101.3. Then shew cools y news
	Brownes areal- Bites water at full time
	for churches to the wind manifest
4/7/1	NYMIN
117	CAT Cleaned With N'S and applied dresing will mowing
	1011 Cleaned (N) B 10's and applied aresting, will mill are
	If I or I to World The
	I had sinte
	WCM Cd
1	
4/7/09	0/- 12018 12 1/ 12012
10/m	Residut on confort lava A provide compatate
	mussely Retupo: If of a 2pm will could
	man and
	A lath out and show that
	Tracheostomy Tube charactery Therapy
	Tracheostomy Tube changed by ENT Consultant Dr. Bhyanni
	Data: (1/2/-d
	RT Sig.

Cumon. M NAME: CHART# DATE TIME 417/2009 4458 good · [entingle

NAME: ROOM: 240 A CHART #_ DATE NST VIS 100-21, 78,18 BP 100/60. Tylena men TIME Wyd for tent. Cooling measures Bondes good skin cure pericare, Bondes, pt feeths us object tolemes ver recent tent 100-6. Tylena glen for tend. Cooling meuser Bourses. PIC and RIA 300 cre uil monther 16-84 Residus nated mild temps provide coeley Refup 100 ? Res 3 in To find a coit couling must for proude my of pulm med- Ot eval = the che vent unit statt Vent parameters, pressures Od pets - acceptable continue present ventilator finanagement Not weaneble POOT , prog 10815 JasoMA 1025-86-18. QUA 962 BP10/60: Tylenon new cont & resp. during medit repeate L OWHOUT 200 MD_

NAME:	HOUM:CHART#
DATE	Nursing VIs at 12am 103, 86,18, 110/60. Tylund 20ce
TIME	va 9 in gruss. corner measures provided. 4 Asos Jens 102-1
4/10/09	
Li Bros	4 10 ce - Total care Provided con 11 mon'to - According la.
	NSg Edy noted came of New Edy For 18 inserted.
Gan	andre ascept technique. Ty lend and confingmentited
	In noted at LIBM. Will months - Alexanty DRV -
2	
4/10/0	1 Ratur left hip doubth worsen, will worm of flagsto watered
/	more of flags or watered
	WIN W
	, ,
10/1-100	no of a mate
7/0/09	11 1/ Decubitus note
7-3	(2) Tip Grafe To measuring 1x405 and and tisone
	& smill fing opening a stylety draineste foulader
	the wetwood day a around sine out apply
	Sagrum Stale To measuring 9x7, TX in
	Saerum Gafe To measuring 9x7.5 x m Hean 415she bloody drainge 5 foul odor
	wittend day o wash around since out
	(R) hip Hate To measury 11 × 10 ×105 cm
	mostly Clean tissue & Some fell bloods tissues bloody draining & foul odor what ord drag on wo work ces Residus on special air
	bloody draining of foul odor west-onforge
	prowaties Resident on openial air
	mushes curry paking achts con ye
	for 2h 13 OOD. Recently Ris goor condition
	R Rix clive in bed. Incontinuit of bould
	continued of bladder in plath gitting
	Break Glan & Peri cara & blath cara.
	preblist 101 Ta impract patrition ofations
	Res Generalized edmadown, Res mit prendid
	WPB tody, provide good bedbuth due to
	Labor bruttig user coil magitar
	no evidence of pain duny day change
	no evidence of pain dury dig change
	-ml

NAME.	canen m ROOM: 240 CHART #
DATE	
TIME	N/SS
4/10/0	9 0/3 10/0 84 16 180 100/60
(012	Resident is poor condition of Labor breathy jugares
	provide suit non a for by rubuliser. noted spile
	temps of her 5 Lincol (Coaling massey
2 pm	Reterp 10/06 pepearted Stend & Coalmy
V.	mussafe afun wei monita mil
	91 aug x oug pui 450 ac - aug
Molno	
7000	1 NJ. 1025.86.18. Oya+972. 12 100/60 Tuleno1 &
10pm	Monting and and another than the state of th
	Compartable, 19ed Reed to Well Cand Win.
	& Devi care Divided Type Jo. All Care rendered.
	But 100. Cap ling & Com Anth mean. Cont. Drawn.
	du vill potedi a lilopi
	Fic Output I75ml - All
111-04	M2
6Am	VIS 101-1, 85, 18 90 80 150. Then men fe
	fent. Cooling new-was Bordes good skyling
	pericul Bourses ness and To as orderes
	\$ resp. offers notes if his till Repent
	fent 101.8. Tilena gilen Coolins measures Bonder. AC MA PIA 200 CM - SIN USIN
	BONDED. FIC MA PIA 200 CM - STINGE
1	
19/11/09	15/02.1 82 18. Resident noted lemps
10 Am	15102 1 J. B. ReaduT Maked lemps
	Return 9 gg & Completely ADD Sauce
Dpm	
W-11-00	JO3 1-80-18 Tyllur Sin PAT-101-5 Tyllur Never P & Tyllur Sin PAT-101-5
3-11	VI 203.1-80-18 Cylling Son OFT-101.50 Value repente & flo-2001 - Hughanen CR
11200	Dan -
6Am	113103-5, 86, MR THENN onle for tent. Cooling
0.////	newsyes for vises. Sour skih and fen are
,	Browses (whose newwest Browses. of teems
	is ordered tolegrated were releast tent 102.2
	Tilena men. Coolis mensions Rombes PIC
	out pit 100 ca wifed - Osi Upo

NAME:	ROOM:CHART #
DATE	
TIME	NICE VICTORIA GILLIA POR A LA
. //	NSG. 1/5 101'84 18 Resident given comfort
1/An1	Carl. Cooling measured given year of temp. To
1/12/00:	1/5 of hesp distress noted a present. Jung
	7/5 4 less slistres noted a present. Jung position 92° maintain all morning ABE'S
	performed, Emotial Dupport agree, Well,
	Continue to manetor - Palenera Nyth
, ,	
4/2/09	Folia Output 150°C Foliago
4/12/00	NSS. 1/15 100.1, 86, 18, 02 Sect 97.2, BP 100/7, DUTH 200
3-11	Report Leny @ 9 pm 100.7. NRD noted.
	Comb la proprieta Caracteria Harris Touristant
	Cont. to monitor. Side lails 1/2 up for super.
	(tall hell is within peach SS) very Ra)-
4/12/09	Also and the Alato
3-11	Red. Continue Care in an SNF sellip · Cognitive skelly
	Severely impaired, none rarely made decisions
	Short & Long term memory Impered, Impered vision & Res. has ability to make self understood
	Poston & Res. has asselling of mare self understood
	I would thele stever. This was life for understand
	others & Sometimes understands, Herd adequate
	hearing. (Total dependence, two person assist for
	bathif, drenig to growing, Res. reads two or hore
	assist for fransper. Res. is went dependent of
	unable to assist, Res is chaifeast & wheeled
	In rectiner. Potally dependent for beel
	mobility. Res. par bowel / bladder in continent
	Social worldhow, & aftered mental slate, Linde
	Physical abilly. Res. exhibits Sael & Rupions
	mood at Junes Kes is Confused & abbriented
	all ADIS care quen + made comportable
	In bed with Sietelands 1/2 up & call bed
	within reach. NAD hoted derig shift, Cont.
	to monitor temp of document any changes
	SS JUNEST, PU

NAME: Karam Manon ROOM: 2404 CHART#_ at 12gm 101.2 84, 18. 1/8/60. Tylend mg DATE cooling measures Proposed . 4 Box Lind 102 F. Tyling TIME and Corling measures frouded. Foly onthet 20000 will mon'to - Alinkenty 3 RN lion of worseny pulse very the current statu to monthy-JUL 12 Central D+ an Clera . . chur illhi Delicali whole Aus BA wull Han't QI ple families request Res course with. 4/17/09 suplines of Don con of tomandon fundament 7-3-2 1/ site in (R) arm. WF Bushon andre X 2000. Ques and Una lala assistand leveri motorfluggin Krequent 401479-18. Tylenul 2000 given 4/12/09 Ochaelix to miniture 20m -> Resident remains pull. Temperature 98.9. Tues mottled. Torso remains when to truch. arms and feet care to finish. include to obtain Ceredent found & no pulse on Ver On Compair nearenes Torso cool do touch or Ble. Son noted on his way here. Wapped & belonging packed. Awaiting Juning home Du huggeun

Franklin Drinting 740 and onto a to a such

NAME:	Kamp
DATE	
TIME	
4/13/19	Isceal Sives-
112101	AM called spoke to son, Are about
-	Pus mothers overall port deten & aling
	andition. Visiting hours to be extended
	if he wants to some to si, oxied by
	DN Ms Braun, Strung to
1/13/12	Musin
8 245 p.	
0 1 1 9 12	Amatendar Dre, De Roza
4149	Social Sives.
11110	Mrs K passed away (not
	Meht of scial peralogo hote.
	Damer away Contolences
	offered. Sempathy and sent
	to dist contact Bolinans
	Placed in straight Dending
	motocation Dely demand of the soluments
4/14/0	a NS6 %
	Resident Expired, Orel bolongings parked & pland
	en storage for son to peck up. (I) alber /h
,	

Silver Lake Specialized Care Center Psychiatric Consultation Report

Karron Mc	aun	de	37	
1	t Name Nicotiny Wit	Room	17	
Reason for request: Claudium,	11 ascing a ja	2000 CECL		
Requesting MD: Klah	Date requested:	1/29/	08	
Psych. Medications - Purpose Rispladal O. 5 May THS - psycho Dayal I Que Clary Atwar arms June 360 pm Discussion: T Vaylo: Fadmitted on 1/2 than Agillore, we D thottabuse of regulated pasponded brief She appeared annued mot Questions. Mood is auxious D Motes document restersion remove trach. Impression: Charlety DfO NOS	topened her	tooid on ven	Conf Acers	er used the
	me daily	and	,	
Thrain my Will to	with and	Contra	MIL	0:
IF RESIDENT IS CURRENTLY RECEIVING PSYCHOA	CTIVE MEDICATION	153	YES	PPO
Was a dosage reduction attempted in the last 4–6 months? Clinically Stable – Dosage reduction may lead to desta Clinically Contraindicated due to		MAN		Z
Have any of the following side effects occurred since initial at Tardive Dyskinesia: b) Orthostatic Hypotension: c) Cognitive/Behavior impairment or deterioration resultid) Parkinsonism/EPS e) Akathisia: f) Other:	ation of the medication			
Does dosage exceed OBRA Interpretive Guidelines? If Yes, document reason:	II.		. a	Z
Reviewed Records Discussed With Staff Discussed With Discussed With Staff Discussed With Discussed With Discussed	Dete:		pecity)	

Silver Lake Specialized Care Center Psychiatric Consultation Report

Karron	Januar -	130	
Resident's Last Name	first Name	Room#	The second secon
Reason for request:	•		
Requesting MD: McCartly	Date requested:	5/27/08	
Kindred Hospiles 10t hos Co Hypothypordism Rispessions of an NG type Grandy Consent of Aspiration, psychosocial I Ny she had anothe siste M	SPD - Har of A-f Fallen of Cum by Son for Give Hare Mais born in	ored misono or Jes ored	Pf Le
Plan/Recommendation: Ind admission of	11974 - price	to hospij	Sh.
In long Beach Ny -	The same of the sa	- One	· · ·
IF RESIDENT IS CURRENTLY RECEIVING PSYCE	OACTIVE MEDICATIONS:	YES	NO
Was a dosage reduction attempted in the last 4-6 month of Clinically Stable − Dosage reduction may lead to do Clinically Contraindicated due to	estabilization		
Have any of the following side effects occurred since: a) Tardive Dyskinesia: b) Orthostatic Hypotension: c) Cognitive/Behavior impairment or deterioration res d) Parkinsonism/EPS e) Akathisia: f) Other:			88888
Does dosage exceed OBRA Interpretive Guidelines? If Yes, document reason:	ž.		3
Reviewed Records Discussed With Staff DD Signature of Psychiatrist:	iscussed With Family 🗇 Othe	(Specify)	-

C:\mydoc\fomelNen31 Donation - C

Continue psychichic Evaluation;

NSE: pt is see in he ream on vont, her

NG tube, At appears sociated at her ken as

proceed. 8th yout that pt is no large
anxions on appleted.

I view. At I Depressive Disable 20

to GIC. on pressive Disable 20

AR THE HTM. COPO - At H-Size

Plan: Contin Proposal 0.5 at the grade,

grade, explicit

ption & GOH PRN entirely. Re-ending & weeks.

Office

SILVER LAKE SPECIALIZED CARE CENTER

CONSULTATION REQUEST AND RECORD

Karnon Marion 1's
DATE OF REQUEST: Sept 16 208
ATTENDING PHYSICIAN (REQUESTING CONSULT) McCarthy
TYPE OF CONSULTATION:
DIAGNOSIS: YDRF, COPD, % Malnututum, A-Fil-
REASON FOR CONSULTATION: Infected Lotube Site
ATTENDING PHYSICIAN'S SIGNATURE:
7740We My ar allale
REPORT OF CONSULTATION (Opinion & Recommendation) THOUGH MY CONSULTATION (Opinion & Recommendation) When the land of the purple of the purpl
Marinest chan Pag solt
Thenes have seen of note
Olda III
(It) allutity of Ply Ach Molanlingto
In Inperting they site
the OB of young
Lagholem Lough (& nule 7)
2 figure by
SIGNATURE OF CONSULTANT: DATE:
COUNTERSIGNED M.D.

Silver Lake Specialized Care Center Psychiatric Consultation Report

Kanon	Marion 13.	0	
Resident's Last Name	First Name Room	#	
Reason for request:			
Requesting MD: McCauly	Date requested: 176/0	8	
Psych. Medications — Purpose	Other Relevant Medications	# 1	
- Paxil You daily	Migniden 0.50%	1/5	
Chlor nas in 6 los			
Discussion: of 15 See 1. hr roa	went Asinda la Did	hand	
. , , , , , , , , , , , , , , , , , , ,		130	7.1
Glubs put 10 pt 15 slegic		reges.	V
wanogethe bellacia	of accasionally become	00	
Usbolly stousive and	Ifitaled responds as	rep	
E Mular form	2	1	
Tyres , Mar 1	Degrees with Ison	e i	-
He If HI.	V. (6PD-#/0 A-FIL		and the classes of the sales and the sales
Impression: Plan Cost King	Al 0.55th		
parail 40	200		
Plan/Recommendation: PteV-	100 PEN G611.		
20-Evel i	3 men (hi		
William Control of the Control of th	. 25		
IF RESIDENT IS CURRENTLY RECEIVING PS		YES	14(O)
Was a dosage reduction attempted in the last 4-6 n Clinically Stable – Dosage reduction may lead to			
Clinically Contraindicated due to	.C destabilization .		
Have any of the following side effects occurred sin	ace initiation of the medication:		
a) Tardive Dyskinesia:			中
b) Orthostatic Hypotension:			
c) Cognitive/Behavior impairment or deterioration	resulting from the medication(s):		7
d) Parkinsonism/EPS			d
e) Akathisia:			9
f) Other:			
Does dosage exceed OBRA Interpretive Guideline If Yes, document reason:	S/		9
Deviewed Records Discussed With Staff C	Discussed With Family O Other:		
Signature of Psychiatrist:		pecify)	

Silver Lake Specialized Care Center Department of Rehabilitation Medicine

PHYSIATRY CONSULTATION

Patient Name: Marion, HAR	RW	Room #: 37
Requesting Physician:	,	Date: ///7/09/
Date of Birth:		/ /
Reason for Consultation: New Admission: Evaluate for Rehabilitation Po	are 118249	18990)
New Admission: Evaluate for Rehabilitation Po	itential AALA Alam F	
Annual Evaluation: Evaluate Functional Status	, ROM, Strength and any changes	
Other:		
History/Physical Examinations, Findings and Recomme 1 9 April 1/21/08 A A A A A A A A A A A A A A A A A A A	Andations: 1 from Kindred 4 4 feptindust 10 febtindust 10 febt	regret 15
MILLARY CHASH THE	un I Mandell	in Project
The total	1 / / / / / / / / / / / / / / / / / / /	11 Sylves.
	The street	
Almt,	ellow Commends	
Q. anxidad		
Pittech	/ Vort	
	,	
Change in Program:	Contractures:Yes	No
Yes No N/A	Location:	
	P	
Consultant's Signature:		Date: 1/2 7/98
Primary Physician's Signature:		Date: 1/27/08
1644 A	\vee	(CONTINUED ON BACK)

21 leu Silver Lake Specialized Care Center
Physical Therapy Evaluation

		I My Sical Mich	apy asvolucition				
Name: Karron, Mas	rio	Rm. # 237	A Age 77	Medic	care # 1/8 2	448991)	
Admitting Diagnosis: A	dn						
resp fail, went	7-8	ed Anesimor	ria CAPD	AS		utritim,	
MISSA - COLLEGE	F	TON OLIVER	h. orthograid	Some	husand		
MRSA - Sutum Rx Diagnosis: Nesp fair	1	and the total	all my may	156	the per	apour	
Observations/Precaution	16. /	Les vent e q	2 /10000 00	-i-	V	-1 421	+
Observations/Trecaution	10.	CONTROL ISOUTE	ON (MICOH - Shi	in	ny, ales	is, auce	-
to follow com	TV	(L) Range of Motion	(P) Pange of Motion	las	(L) Strength	(R) Strength	-
Hip		ARom	ARom	1 0	(L) Ser engen	(IX) Strength	-
a) Extension/Flexion	+	1DFC	IDFL		F	F	-
b) adduction/abduction	+	0			1	1	1
c) internal/external	†			_			-
Knee							
a) Extension/Flexion							
Ankle			V				
a) Plantar Flexion		J.	fix-edinpf	~			
b) Dorsi Flexion	/	0		1			
Neck							
Trunk					V	1 1	
Additional Information:	1.0 1						
V = Contracture, WFL= W		Functional Limits	$\Gamma - \Lambda$	A-	J.A.		
AROM: BUE-W	77	MUT; BU	E-grassey		T/O mm	Syps	
Bed level Mobility: Independent		Dependent				1	-
maependent		Dependent		Needs	Assist 06	<i>y</i> /	
Transfer Status:							-
Number of People to assist	0	2 type <u>syt(A)</u>	•				
			ym, Reside		State OF	e was ale	e o
Device		J. J. J. J.	Brace/Prosthesis	700	to and	b. E (R) o	ntile
Distance			Type of Assist		hiv	ed in pt	
Weight Bearing Status			Gait Deviations		D CA	ed die pri	-
Balance			70	Cie	assesse	d'an ayyn	
Static Sitting F	Dy	namic Sitting F	Static Standing		-Dynamic St	anding	
Wheel Chair Mobility							
Wheels Self		Dependent w/c M	obility	Wheel	chair Type sta	The same of the sa	- 7n×
District Color		(11/2) 0 4		4 0	- holdle) TAB
Physical Therapy Goals:5	3	1-4WKS) @ 1 mm		dec		1 mol.	1
(3) Jonsfer & Hall	AX	1 (4) and in	0	AXO		lence 12 gra	ide
1765-10WW (1)	-	nm strength		10-N	yer a S/C	G(3) Umb.	
Rehab Potential: 4	40 =)	(4) I haloni	e I grade		1 /		
Needs P.T. Yes	-	quency 5X/u-t	Duration 30m		Type /	estaralin	,
No	_	llow up in one year	Daration 50/VI	السكسر	Type / C	Maratu	
Physical Therapy Treatmen	nt Pla	ins: GSE Liec	1 molitity		10000 0 / 1 /	Taiming	
amlyda	-		La el espera	2	ronsfer	There were the	
		or for the region) partition		<u> </u>		
)	N. (-			
Name of Doctor:	11/2	Signature:	1		M.D. Dat	e: 1/22/08	
		Ciamotume	Mayann Mce	Ma	Chor man	1/25/08	
		Signature: /	A Total	/	r.i. Date:	1100/00	
				/	1		

Patient Name:	KARRON MARION Age:	
Diagnosis:	PERP. FAILURE, VENT-DEP., RELIMONIA, COPD, A-FB, MALNUM.	TION
	ician: KLAHR	
	gram: No Yes	
Date 1/29/08	Resiglat receiving Restaulture	7. SX/WK.
1 1	On the ess, bed wollt, blue ess, twofen I	recur
,	and standing tum, balance a content worderton prece	uters.
	5-6	
	0- Bed Molety rolling Bracks up content founding =	ue of
	andials, surprise of set reg est plip O. Believe with	
	Fair, stud (statio) Peren Trumsfers sit at tand reg.	ext plus
,	O of 2. Out non-whitey able to stud a las	
	egt plp. @ of 2 for appear. 30 records x 3 tiefs.)
	A - Resident upcome slowly, wouldn't ageteted at	time
	Serls: 1) house mode though Billy 1/2 gods, a) ch	prove
	bed rolly of his place of the taleung	2
	wither = 1 minte	
	P- To certain P.7. 5x /ux motanti	747
Key: E=Evalu		
R=Refus	sed D/C=Discharged √=30 min Tx H=Hospital RECORD OF TREATMENTS	
Month	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	Total
JAW 2008		

Patient Name:	KARROW, MARION	Age:
Diagnosis: Rest	P. FAILURE, VENT-DEP, TNEVMINIA, COPD, A-FIS, MAL	NUTR. TION
Attending Physic		
	ram: No Yes	
5g		
Date 2/5/08	Read tracery Rolls	retire F.7. SX/WK
1)	for the ero, bed rolety, lalince es,	turshe trum
9 2		till too I
	s- & standy trum, relief	Janes Many
	0 - Bout Mobilety rolling (3) sides reg. o	artest auch, E
	use of Calmila, spice of sit we est play	. Belince:
	setting (days): Fair , stud (state) Fair. True	refler sit stand
	been my est plys. @ of 2. Out men -a	
	to stant of walker my ext plys. @ of 2	
	Society X 3 triels.	
	A - Roselet upranis sland, remin age	total at twee,
	gul: 1) horesse muche stagth Bie by 1/2 g	rule, of horse
	bal rolety -> lin plys. (3) hyrone It	india toleruse
	E willin Pon gymax. I miste.	-
	P- 15 contino PT 5NW.	no feel ??
Key: E=Evalua	ation S=Sick DP=Day Pass C=Clinic	
R=Refus	sed D/C=Discharged √=30 min Tx H=Hospital	
Month	RECORD OF TREATMENTS	
Month FES. 2005	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27	28 29 30 31 Total
143. 2043		

Patient Name:	KARR	0 N	N	14R	ion																	Ag	je:		
Diagnosis: Res							1	VE.	sm.	in	1.9			20	19	0,	,	4-	-F	is	<i>j</i>	10	n	4-0	NUTR. TIM
Attending Physic	ian: <u>K</u> L	AHY	2																						
Change in Progr	am:	No		Y	es																				,
Date 2∫12/08							K	2	el	w	t	_	ور	يسائد	·		6	6	s l	-cn	es	h		> P	SX/WK.
	her	ti	ten	en	.,	le	1	7	-0-l	-G	4	-	k	2	R	~ (ie	, .,	RA	5.		1	li	دسی	for temmy
	and	fre	7	\$	lend	7	1	tin	w		9		V	e	rel	h		t	ilt	2	7	il	20	2	for temmy
			D																						
	0	bel	el le	Ri,		j.		د د	->	7	it	3		Sug	ele.	6	The plant of	1	pe	Py.).			J.	Bolinee:
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	stud	ナ	fine	a h	V/C	,	٥	g.	<u>_</u>	l j	t	P	he	10	, (6	2)	675	02	e e	0		0:	2	inf	Then - andul
	tun		ald	le	tu	·C	R	led	c	,	ند	لسه	le.	1		1	0		-e	×		RE	2	<i>o</i> .	(2) of 2 An
	gope	اد مرد	30	-4	5 4	iec	بياسه	ds	X	V.	le	-	Rs	,		(X)				,		Î		
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Key: E=Evalua			S=S)P=	-							C=	:Cli	nic		-				
R=Refus	∍d		D/C=	=Disc		ed REC	OR		/=3 F T					TS			H=	Но	spi	tal					
Month	1 2 3	4 5	6 7	8 9	10 1					T	1		T	T	_	23	3 24	25	26	27	28	29	30	31	Total
FEB. 2008		1	VV	V	ı	1	/	/																	
			-			+	_								-	-			-	-	-				
													-		-						-				

Patient Name:/	KARROW MARION	Age:
Diagnosis: RE	SP. FAILURE, VENT-DEP, PNEUMON, A,	COPD A-FIB, MACHUTELTICAL
Attending Physic		
Change in Progra	am:/ No Yes	
Date 2/19/08	for there ap bod volitily lo and prog and strates trum	lace es, tensfor trumy
	5-0	
	0 - Bal Molty rolly (B) ver	les in cultifuachi cuse
	of behalis, egoin of et leg.	ext pho O. Boline withy
	(dyn) Fair / Fring stud (status).	Pan/Pan Chyn/ Fran.
	Tunsford it is start from W/C	ray ext plas (a) of 2 ad VC
	Cul out in 11 lars reg. ext pl	had a to man I were
	ment of ve I dere wie follow	
	A-Resident aus ill yesterden	(a) is towerer has been
	Suk: 1) herese much though (But by Laguel a later olatily.
	bad nobily > hipshy (3) (3)	
	Ø 7 A X 5 1	12 / P
	P- To continue 1.7. 5 x/wx.	Jagit. 1.
Van E Englis	ation C. Cialia D. D. David	0.01::
Key: E=Evalua R=Refus	,	C=Clinic H=Hospital
	RECORD OF TREATMENT	S
Month	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 2	21 22 23 24 25 26 27 28 29 30 31 Total
Feg. 2008	V VVVV VVVV S	

Silver Lake Specialized Care Center

Physical Therapy Monthly Assessments

Name KARRON, MARION	Room # 237	Age 77	Medicare #	
Admitting Diagnosis RESP FAIL VIE, VENT-DI	F. Preumoni	A, COPD,	A-Fis,	Onset
MALWYTKITION	,	, ,	/	
RX Diagnosis RESP. FAILURE, VENT-DEP.			*	Onset
Type of Surgery			Date of Surge	ry
Observations/Precautions: CARDIAZ /REST.	RECONTIONS.			
Previous Physical Therapy Goals				
3) Ama. o ROLLING W. RED. CONT.	Tolly.	a) 1 M.	5 1/2 guste	BUE/BLE,
3) Ama. o ROLLING W. RED. CONT.	ALT STARDIN	G- For AT	Pus'x . 401	, ,
Rehab Potential				
Pain / Paux				
Previous Physical Therapy Treatment Plans				
(Las)	onthe P	7. 5X/WK	is plune	I lim the ap,
bad rolly, lalone ero,	temper 2	treeny,	all proy.	and training !
study time.		9.	5	9'
J J				
Monthly/Annual/Re-		•		
Change in ROM and/or Strength Yes No	Level t	Aures	rate / in	this ones
comment = atotal end	Reduci.	0		
1-00-07	0			
Change in Function Yes No sutter libra	(dyn): FO	IF, ite	M(state)	PIRA (dam) Par
Trusfan Sit Situal from M	1c rec. apt	tale (a)	of Z act Ve	- Cuf all to
stud 11 law ray est place () of	3 20 Pm c	percox. 3	Osecr. X 3	tiach.
Update in Goals Yes No 1 have	e made i	hersth (Bu la 1/2	Sucle a hypean
Update in Goals Yes No , house bel rolly -> hi plys. (3, 3)	and 11 long 1	10/x 3 ray	. lin / ext	(a) of 1-2.
Change in Treatment Yes No 70 coul	Ture P.7.	5x/wx, .	if seals	to othe doesn't
yreeve ad compliance rarai			0	
		$\overline{}$		
PT Signature M. High. T. Date 2/2.	2√cy MD Signatu	re V	\	Date 2/24/08
	00	\	7	

Patient Name:	KARRON MARION Age:
	SP. FAILURE, VENT-DEP, PNEUMONIA COPD, A-F-B, MALINUTICITION
Attending Physic	
	am: No Yes
Date <i>অ</i> /১১/০৪	ben then are, led robitly believe ers, trusper truing,
' /	from then eys led roletty lalince ex truster truing
	and prog. and studing timing.
	5-0
	0 - Bed Mobily: relling B wides ray, content granding to use of
	barbails, segue es set seg. est phys (3). Baluce: tith, (chyn)
	Fun / Fair, stood (statie) Town / faor (dyn): Fair. Trunsfers vit
	A stud from w/c reg. est plys (c) of 2 and ve. all ren-whit-
	atony, able to sturk = weller reg. est jely . @ of 2 language.
	30 Lecends X 3 tricks - resulet wable to about this week
	A-herleto atterdance metty bos been pour 2° feelig ill, randent
	his more little gain to this point, progress his been hugeere
	by pour cuplince Dats of herese much struct Bully 14
	quele, of home bed rolthy, 3; al 11hurs 10'x3 mg. ext plys. (2)
	P- To contine PT. VYWK, bowever coverleing O/c at contine
	if consolunce doesn't yours. The Hay 207.
Key: E=Evalua R=Refus	
	RECORD OF TREATMENTS
Month	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 Total
FEB 2008	

	×	

Silver Lake Specialized Care Center Department of Rehabilitation Medicine PHYSIATRY CONSULTATION

Patient Name: Karnon, Marion		Room #: 245A
Requesting Physician: Requesting Physician:		Date: 2/2//ag
Date of Birth: 6/6/1930	SS (Gent # 118	-24-4890 N
Reason for Consultation:	HMO/AARP #	-24-4899D
New Admission: Evaluate for Rehabilitation Potential		1
Annual Evaluation: Evaluate Functional Status, ROM, Other:	Strength and any changes	
History/Physical Examinations, Findings and Recommendations	S:	
78 y q e pulla Carp,) osterguss Sip PEG, pNA, rspf. Went.dip	had nut return 1	Septo
PE		
dots not flu Commo	mls	
Ms. QuE 2415)	Contractures:Yes	No
Consultant's Signature: Primary Physician's Signature:		Date: 2/2//09 Date: 2/2//09

Time: descurs L to reclini chain ly Andreller ANN-Bed molsely, Total Spading (P) 787 9 e Source deconditioning / debilition Sentury Ca not further spetis

SILVER LAKE SPECIALIZED CARE CENTER OCCUPATIONAL THERAPY EVALUATION

RESIDENT INFORMATION:	DATE: 1-22-08
DNR USTR UVENT	Doctor: Klaha
Name: Karron, Marion Room#:	237 Age: 77 DOB: 6-6-30
Diagnosis: Vont - Resp. Fail	
asurance Information: Medicaid Medicare, PVT	OHMO AARP Plan F
Precautions: MRSA-SATUM	A Thirty is
	04 Abuse Malnutition
MENTAL STATUS	COMMUNICATION: Eng - Howks words
Orientation: Awake Ox nane Dire	ection Following: 2 Vest , Follows Simple
Judgment/Safety Awareness: Tair	ection Following: 2° Vest , Follows simple 1 Step Verbal contract
FUNCTIONAL PERFORMANCE:	HAND DOMINANCE: DR OL
STATUS DAILY LIVING SKILLS	
Feeding:	G-Tube
3/4 Grooming:	
Bathing:	
3 Dressing-Above Waist:	
Dressing-Below Waist:	
Hygiene/Toileting:	
<u>8</u> , W/C:	-
3/4 Transfers-Bed, Chair, W/C:	
Toilet:	
Tub: based or	a physical functioning
£	
KEY: 0=Independence 1=Supervision 2=Limited Assistance 3=Extension INT=Intact IMP=Impaired ABS=Absent	ensive Assistance 4=Total Dependence 8=Activity Did Not Occur
PERFORMANCE COMPONENTS: Hearing. INT IMP	☐ Hearing Aid Vision INT IMP ☐ Glasses
Sensation (Light Touch): INT IMP ABS	Pain/Temp: (INT) IMP ABS
Perceptual Function not fully assessed	Visual Perception
Neglect	N/A
Body Schema	7 · 1
Praxis	
BALANCE:	
Sitting Static: Good (Fair) Poor Dyna	amic: Good Fair Poor
	amic: Good Fair Poor
FUNCTIONAL ENDURANCE:	
Good Fair (Poor N/A	

Upper Extremity Status Right AROM WFL BFL WFL BFL Comments
AROM PROM STRENGTH WIL STRENG
Contractures (Y) N Wrist Fingers Elbow Hips Knees Ankle Neck (Shoulders)
Additional Comments: (Contractures, Decubiti, Positioning Devices, Weight Bearing Status, etc.)
Pt was cooperative & IE &TX for ROM, leed malulet, bolance, MMS 9 Restorative &T × 4 WKS.
Tx Plan: Restorative OT \$5x \$6x \$7x \$Low Rest 3x \$30 Pt will execute interstine OT for balance transfees MMS ing sadmance & AD (5 5TG(-4wKs)) Det ill dimensione (F+) and mance and midenced in
It will eccue estantine OT for balance
The performer supene > short sit within 60 decord
The performer supene > short sit within 60 decord
transfees MIS ing sudmente & ADC 5 STG(-4wks) Det will service (F+) endousness endenead of I be performed su pene > short sit within 60 Becond Ships of Statigue x3 sessions (D. Pt will demonstrate (F+) BUT MUS endoused by I be pushing self sit > stan 13 sessions (3) It will development of a ADC s lindinal by I be dusing upper / Tomer body x 3 sessions: 470 (4-8 DO) Pt Swill be E transfees lied malify 4 AV's.

Silver Lake Specialized Care Center
Physical Therapy Evaluation

Medicare # Name: Karron, Marion Rm. # 247A Age Admitting Diagnosis: PMH: malnutrition, hypothypoid, Rx Diagnosis: N/A Observations/Precautions: Cardiac + 1850. deculiti (DPEG eyes open (1) trach (L) Range of Motion (R) Range of Motion (L) Strength (R) Strength Hip PROM PROM 0-90 a) Extension/Flexion 0-90 No volitional b) adduction/abduction mer c) internal/external 20-10 10-10 Knee a) Extension/Flexion 0-100 0-90 Ankle a) Plantar Flexion 20-40 20-40 b) Dorsi Flexion Neck Trunk Additional Information: **V** = Contracture, **WFL**= Within Functional Limits Relivor Ita 2/3 Longe PROM: (B) shall ltd (Z)~ 900 Bed level Mobility: Independent Dependent Needs Assist Transfer Status: 2-3 Number of People to assist type dependent Ambulation Non ameulatory Device Brace/Prosthesis Distance Type of Assist Weight Bearing Status Gait Deviations Balance Static Sitting Dynamic Sitting Static Standing Dynamic Standing Wheel Chair Mobility Wheels Self Dependent w/c Mobility Wheelchair Type Accel Physical Therapy Goals: 1// Rehab Potential: N/A Needs P.T. Frequency Duration No_ Follow up in one year Physical Therapy Treatment Plans: Resident Name of Doctor: Klahr M.D. Date: 2 2009 Signature: Date: 2/20/09 Signature: Marylann Mullipite

SILVER LAKE SPECIALIZED CARE CENTER OCCUPATIONAL THERAPY PROGRESS NOTE

Date of Eval 1/22/08 Today's Date: 1/29/08	
Resident's Name: Karron, Marion Age: 77 Room: 237 MD: Klahr	•1
Diagnosis: Vent Kesp, Fail, PNEM, COPD, A.F.b, ETOH	
Restorative 1 2 3 4 5 6 7 Low Restorative	
Resident is on restorative ort. Services 5xveek 30min Sessions. Pasident is AtoxI Name. Pasident recises ort for balone, Tips, morsing, endurance hapis.	
Physical States & Static Sitting Balone (Far) Dynamic Sitting Balone (Farr) Dynamic Standing Balance (poort) Function lendurance poor	
Fraction Status & RSident Breatons NE TIE ONESTO, Leated & EOB & Ext @ tobon Looks gown. Bridget is rotal @ for all TIES & great time.	5
Phosidant to contine oit as propher	
New Goals:	
•	
Recommendation to Nursing:	
Dear 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 .	E 08
Key: ie=initial x=refused h=holiday d/c=discontinuation mh=medical hold s=sick 1=1(30min) 2=2(30 min) Therapist Signature 4 Carlotte	
Therapist Signature 9 Carolo Mulling of DIME	
c: 'maotifical winword of lot progress not a doc . Fiveboro Printing (718) 431-9500 Form No	. SL-265

SILVER LAKE SPECIALIZED CARE CENTER OCCUPATIONAL THERAPY PROGRESS NOTE Date of Eval 1/22/08 Today's Date: 2/5/08 Resident's Name: Karron, Marion Age: 77 Room: 237 MD: Klahr Diagnosis: Vent RUSP, Fail, PNEM, COPD, A-Fib, FroH Restorative ☐ day/wk of Tx ☐ Low Restorative 150 minutes per week ☐ Maintenance Progress Note: Resident is on restorative oit. Services 5x week 30min r. (Stitic) Haynamic) Stending Balonce Functional endurance poor Pasida New Goals:

Key: ie-initial mh=medical hold

c: msolflos/winword/us/us progress nugli doc

Recommendation to Nursing:

h=holiday

d/c=discontinuation

1 = 1(30 min)2=2(30 min)

Therapist Signature

East Imle Pasalin

SILVER LAKE SPECIALIZED CARE CENTER OCCUPATIONAL THERAPY PROGRESS NOTE

Date of Eval 1/22/18 Today's Date: 2/12/08
Resident's Name: Karron, Marion Age: 77 Room: 237 MD Klahr
Diagnosis: Vent Resp. Fail, PNEM, COPD, A-Fib, ETOH
Resident is an restorative OIT. Services 5xweek 30 min Sessions. Resident is AtoxI Name. Resident recives OIT. for balance, Typ's, masing rendurance this
Physical Status (Static) Sitting balence Fair (Ognamic) Sitting balence Fair (Static) + (Ognamic) Standing balence poort · Functional endurage poor Pesident (B) Arom WEL & Functional and Joints + planes.
TIF5 + Bed mobility's Resident performs UE + CE Acessing Serted deap & Ext @ to pon tooks gown Resident performs BHO rolling & Cim/Ext@ f Git ETSUPINE & EXT @.
Resident des made avosignent gains, this review,
New Goals:
Recommendation to Nursing:
Recommendation to Nursing: Date 1 2 3 4 5 6 7 8 9 10 18 12 13 14 15 17 19 19 20 21 22 24 25 26 77 28 29 30 31 32 32 33 34 3 6 7 8 9 10 18 12 13 14 15 15 17 18 29 30 31 32 33 34 3 4 5 6 7 8 9 10 18 12 13 14 15 15 17 18 29 30 31 32 33 34 3 4 5 6 7 8 9 10 18 12 13 14 15 15 15 15 15 15 15
Dany 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 19 19 20 21 22 23 24 25 26 77 24 23 32 32 32

SILVER LAKE SPECIALIZED CARE CENTER

Date of Eval 1/22/08 OCCUPATIONAL THERAPY PROGRESS NOTE Today's Date: 2/26/08	
Resident's Name: Karron, Marion Age: 77 Room: 237 MD: Klahr	
Diagnosis: Vent Resp. Fail, PNEM, COPD, A-F, b, ETOH	
Restorative	
Resident is on restorative o.T. Services sxveets 30 min Sessions. Resident is AtoxI Nane. Resident recius on for balince, TIFE, masing, endurance & April.	_
Physical Status (Static) Sitting balance Fair (Dynamic) Sitting balance fair (Static) + (Dynamic) Standing balance Pour to Function I endurance poor Resident (B) Arom WE & F. mms all Joints + Planes	
TIF'S told mobility of Resident performs UE + CE dressil Seated e = 0B & Ext @ to Dan total gown Pasider perform's RITCO rolling & cim/Ext@ 1 sit Exspire to Ext @.	7
Resident his mide no Signion + progress in the ares of Hors, This tred mubility e great time:	
New Goals:	
Recommendation to Nursing:	
One 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 15 17 18 19 20 21 22 23 24 25 26 27 26 29 30 3 2/15 1	
Key: ie=initial x=refused h=holiday d/c=discontinuation mh=medical hold s=sick l=1(30min) 2=2(30-min)	
Therapist Signature 4 Company William William Progress note doc Fiveboro Printing (718) 431-9500 Form No. SL-28:	5
, 1	-

SILVER LAKE SPECIALIZED CARE CENTER RESPIRATORY THERAPY INITIAL ORDER SHEET/ADMISSION ASSESSMENT

This form is to be completed by the physician. Specifications must be completed prior to initiation of treatment.

Write in Doctor's Order Sheet "Respiratory Therapy Form Made Out". Resident Name: KARRON, MARION Room No. 2374 ID#: 15304 Admission Date: 1/21/28 Time: 257pm Physician: Objective Therapy: VENTILATOR CHECKLIST Life Support Correct Hypoventilation Date: Tech. Initials: Vent#: Bronchodilation Mobilize Secretion Correct Hypoxia Alarms Functioning Filters in Place Acid/Base Correction Pressure Check Volume Check Rate Check Fio2 Other: Comments: PHYSICIAN ORDERS: **VENTILATOR PARAMATERS:** MODE Fio2 RESP. RATE TIDAL VOLUME PRESSURE LIMIT As per policy 500 PHYSICIAN SIGNATURE DATE: CHARGE NURSE: RESP. THERAPIST: year old (m/f) with a history of Resident is a Alexan neltukung mom res on ventilator support with the following vent setting: Mode A/O, IMV, CPAP Respiratory Rate Assisting/Rate / 8 # FIO2 35/11 I Time 10.9 Spont VT n) (// Peep Flow Rate High pressure 50 Pip 2 Alarm set at low pressure Low volume 1 ETCO₂ 34 HR Breath Sounds O₂Sat Type of trach tube Santaple Cuff press Do Mun & Appearance of tracheal stoma site Trach size reduces wited award storm. Receiving Deliceratione 95 x 64 del treatment to tracheal stoma site. Appearance of skin integrity under trach holding strap Trach holder changed Mon., Thurs., Bath Day and PRN. Tracheostomy tube inner cannula changed and PRN. Tracheostomy tube last changed or inserted on Trach care completed QS and prn. Suction for loose/thick/thin/tenacious secretion. Secretion's color small/moderate/large or copious. Resident is receiving Albuterol A for Atrovent Recent ABG: PH CBCQNBC 18-2 On Antibiotics treatment of Mental Status Other Information: Thurs el- Dull Respiratory Therapist Signature

DATE A.	Resident's / Day/Evening/Night of Admission Suctioned for: Small/medium/large amounts
142/08	Color Mill Consistency Mill Hereflers.
	$O_2 SAT $ $HR $ $ETCO_2$ $3 $
	Assisting / Resident appears for for the first of the fir
	Munister I Cont C Sullential (1000) A Sales
	RT's Signature
1/22/08 B.	Resident's 15+ (Day/Evening/Night of Admission Suctioned for: Small(medium)large amounts
7	Color Yelley Consistency Hick
	O2 SAT GTO/. HR 52 BPM ETCO2 41 mm Hg
	Assisting 18 Resident appears Stable ho respondent ress no ted B6 bilateral Rhonchi (+) will
	ALC: ALC:
	RT's Signature
1/22/08 C.	Resident's 2 Day Evening/Night of Admission Suctioned for: Small medium/large amounts
/	Color Yellow Consistency Hick
	O ₂ SAT 97 / HR 55 ETCO ₂ 43 mmHg
	Assisting 17 Resident appears Stable, no respiratory
	any L's in rock. Status. Whitain
1 (1)	RT's Signature
1/23/01 D.	Resident's
11p-lan-	Color yollow Consistency Thick
1	O ₂ SAT / G F / ETCO ₂ + Committee Assisting Resident appears & Gerle , no restrictions
	mald. We closely monto for afres of his rest
	Plating - May 1858
	RY's Signature
E.	Resident's 2 May Evening/Night of Admission Suctioned for Small medium/large amounts
	Color yellow— Consistency thick O2 SAT 96 HR 45 ETCO2 43 mm for
	Assisting 14 Resident appears Maller Will continue to
	monitor for any Do in respiratory status.
	1 M. Stefanelliker
E	Resident's 316 Day Evening Night of Admission Suctioned for: Small medium/large amounts
F.	Color Millour Consistency Minds
	O2 SAT 96 HR 48 ETCO2 40 min flax
	Assisting 13 Resident appears stable, ABES done on AC12, V-5002
	F10235/4590 F102 analysed 40%, ABG-resulto are Pff 7,35 Pc025/all P0280.4
1	14CD3 3113 BEB318, My Mis made, M. Stiffmethold
124/186	RT's Signature Resident's 3 Day/Evening/Night of Admission Suctioned for Small/medium/large amounts
1910 P.G.	Color All Consistency All W Developer
	O_2 SAT HR $ETCO_2$ S
	Assisting 1 20 Resident appears (My to follow w
	distuss, mild will but to observe
	RT's Signature
124/08 H.	Resident's 31/2 (Day/Eyening/Night of Admission Suctioned for: Small/medium/large amounts
7A-3P	Color yellowin Consistency thich
	O ₂ SAT 96 y HR 54/min ETCO ₂ 36 mm HS
	Assisting 16 Resident appears Slable No Resp distress
	ga change : feet Stutus. Aram Farmy
	RT's Signature
I.	Resident's Day/Evening/Night of Admission Suctioned for: Small/medium/large amounts
	Color Consistency ETCO
	O ₂ SAT HR ETCO ₂ Assisting Resident appears
	AssistingResident appears
	RT's Signature
01.40	Admission Assessment

SILVER LAKE SPECIALIZED CARE CENTER RESPIRATORY THERAPY INITIAL ORDER SHEET/ADMISSION ASSESSMENT

This form is to be completed by the physician. Specifications must be completed prior to initiation of treatment. Write in Doctor's Order Sheet "Respiratory Therapy Form Made Out".

Resident Name: Karron M	Room No. 245A ID#: 15354
Physician: KLAHR	Admission Date: 2/19/09 Time: 5Pm
Objective Therapy: Life Support Correct Hypoventilation Bronchodilation Mobilize Secretion Correct Hypoxia Acid/Base Correction Other:	VENTILATOR CHECKLIST Date: 21969 Vent#: 2116 Tech. Initials: GPA Alarms Functioning Filters in Place Volume Check Rate Check Fio2 Comments: Self-Test Passed
PHYSICIAN ORDERS: <u>VENTILATOR PARAMATERS:</u> DESCRIPTION	
MODE Fio_2 RESP. RATE A C $35-45$ 16	TIDAL VOLUME PRESSURE LIMIT As per policy
PHYSICIAN SIGNATURE: CHARGE NURSE: Pesident is a 77 year old (m(f) with a his resident is a 77 year old (m(f)	Breath Sounds 11d + bilat Changes Cuff press 22 Appearance of tracheal stoma site Receiving 0/2
treatment to tracheal stoma site. Appearance of skin in Trach holder changed Mon., Thurs., Bath Day and PRN Tracheostomy tube last changed or inserted on 2/3/loose/the Ahin/tenacious secretion. Secretion's color Resident is receiving Albuterol PRN Atrovent Recent AE HCO3 NGO2 SAT NGCXR: Date 12 CX Temperature 99 SOn Antibiotics D. CX Mental	regrity under trach holding strap 1. Tracheostomy tube inner cannula changed QD and PRN. 2. Trach care completed QS and prn. Suction for ye U. Amounts scant/small/moderate/large or copious. QD 40 Other: GE: Date: N/A PH N/A PCo ₂ N/A Po ₂ N/A R N 1 4 RBC 3.0 Hab 8.9 HCT 30.2 Y 200 p for treatment of Sepsus 20 Status Responsive for tachlether Information:

DATE/ A.	Resident's Day/Evening(Night of Admission Suctioned for: Small) medium/large amounts
2/20/09	Color yellow Consistency Hick
/ /	O2 SAT 97 . HR 92 ETCO2 32 wer bt
	Assisting Resident appears Stable No Reffice.
	tory distrees, verted will continue
	to work ton - 7. Kobara
	RT's Signature
DATE / B.	Resident's \sqrt{\frac{1}{2}} Day/Evening/Night of Admission Suctioned for: Small/medium/large amounts
2/20/09	Color Consistency
7-3	O_2 SAT A Y A
1-)	Assisting Resident appears & - b Resident appears
	an Con PH 7. 26 Por 19-6 Por NIGO HOD 30 P BG9. 8
	MR RIL to 18. Report ABP. Will Contacton to me at 6 R. Molder Con
	lange with in Resid State RT's Signature
DATE C.	Resident's 2 n Day Evening/Night of Admission Suctioned for: Small/medium/large amounts
2/29.9	Color Consistency Tulic
il.	O ₂ SAT / A Z / HR S ETCO ₂ 30 yrll /
3-11	Assisting Resident appears 3-1a, h an alless des trans to
	BBC Rept PH 7.32 P cox 57.6 Per 117.8 Hear 29.8BE 204
	VIFEORTO DO-90/ will Cost to move to forced R: MOHAZAN
	Chaper in RGSD statu
DATE D.	Resident's 2 NA Day/Evening/Night of Admission Suctioned for: Small/medium/large amounts
2/20/09	Color Consistency think
11P-7A	02 SAT 97 7. HR 86 1 min ETCO2 32 mmHz
(1/22/2)	Assisting - Resident appears Nuble No Real distur
	noted BS Bilaleral. Rhonetit. Will Concerned to
	manita. Aran farnal
	RT's Signature
DATE E.	Resident's 2 (Day/Evening/Night of Admission Suctioned for: Small/medium/large amounts
2/2/04	Color YULU Consistency + WUL
- 1-110 /	02 SAT 96% HR 99 ETCO2 31, mm/C)
	Assisting Resident appears _ Tab C _ No verb _ d15 TVerb
× ×	inted. We'll continue to monitor.
	3. May 14. 107
	RT's Signature
DATE F.	Resident's Day/Evening/Night of Admission Suctioned for: Small/medium/Durge amounts
2/21/09	Color (collect) Consistency Hack
2/2/101	O2SAT 999 HR 92/min ETCO2 36mon H9
3an-Ilan	Assisting 19/min Resident appears stable, BBS rhonchi, no respectively
The state of	distress. Will continue to monitor for any changes in
	respiratory status. Coll-CKT
	RT's Signature
DATE G.	Resident's 3 ^{vol} Day/Evening/Night of Admission Suctioned for: Small/mediam/Durge amounts
DATE G.	Color Yellow Consistency thick
	02 SAT 99% HR 89/min ÉTCO2 32 mm/tg
	Assisting 19/min Resident appears stable no respondatory distress
	noted. Will antique to manifor for any charges in resperatory
	Status Coll-CAT
	RT's Signature
DATE H.	Resident's 3 Day/Evening/Night of Admission Suctioned for: Small medium large amounts
2/22/04	Color Yellon Consistency Think
7070	02 SAT 98 /- HR 90/m: ETCO2 40
	Assisting 16 Resident appears Stelle No zerp
	distress noted BBS = AM oresent
	Will cont to assiston F. Knavcocal
	RT's Signature
DATE I.	Resident's Day/Evening/Night of Admission Suctioned for: Small/medium/large amounts
	Color Consistency
	O ₂ SAT HR ETCO ₂
	Assisting Resident appears
	RT's Signature

Arterial Blood Gas Flow Sheet

Name: KARRON, MARION IDIE: 1535-4

RM: 33712.

			Ven	t Setting-											
Date	Time	Mode	VT	RRV Assist	Fi02 -	02LPM	Therapist	O ₂ Anal	PH	PC02	P09	НС03	BE	SAT	ETC02
1/78/98	5158P	ALC	500	14/4	35/45.	3,5	A,5,	40%	7.35	561	80,4	313	3,8	9517	43
114/08	234	Mc.	500	120	45.55	64	B	541	4,33	82.2	40.4	43	12.8	70.3	54
7/14/1/8	245	A/C	500	12	45-55	7,	A)	33'	732	87.1	821	43	142	93.1	53
1/8/08	1/4	AN	500	16 18	45-55	64	AD	46%	7.69	29	1697	-35.3	15	99.5	42
71/5/0	23°	Alc	500	16	4555	.61	OP	46%	7.34	45	100,5	43.1	13.	97.2	42
2/20	205	ALC	500		35/95	405	Rest	40%	7.26	69.6	114.0	30.8	3.8	97.2	9 0 mil
2/20	255	ALL	500	.18	35/45	4.5	Mern	40%	7.32	57.6	117.8	29.8	2:4	97-8	40/
				. !			,							,	
									10						
								7:	-						
1															

Arterial Blood Gas Roference Range:

PH 7.35 – 7.45

 $HCO_3 22 - 26$

PCO₂ 35 – 45 mm hg

BE 0+/-2

PO₂ 80 - 100 mm hg

TCO₂ 22 - 29

PT Body Temp. 98⁰ - 99° F

Resident's Name: KARROM, MARION Date: 2108108 ID#: 15354
Resident is a year old (m/f) with a history of CORD, Resp. Ja: line
A fib, Proumonia
on ventilator support with the following vent setting:
Mode A/C) IMV, CPAP Respiratory Rate 12 Assisting Rate 19 VT 500
Spont VT NA PS NA Peep NA Fio2 35 45 I Time 0,9 Flow Rate 44
Pip Alarm set at low pressure Pip High pressure SO Low volume 2.5
O ₂ SAT 96 r ETCO ₂ 40 HR 78 Breath sounds Bil break Sound ZR4 Trach
size 8.0 Type of trach tube 10 Cuff press 22 Aspirate Bivona Trach Tube QS or NA,
Appearance of tracheal stoma site Receiving
treatment to tracheal stoma site. Appearance of skin integrity under
trach holding strap wormal. Trach holder changed Mon., Thurs., bath day and prn. Tracheostomy
tube inner cannula changed/cleaned $\bigcirc \bigcirc$ and prn. Tracheostomy tube last changed on $\bigcirc \bigcirc$.
Trach care completed QS and prn. Suction for loose/thick/tenacious secretion Q OOD & PRN. Secretion's
Color Yoll no. Amounts scant/small/moderate/large or copious. Oral/Pharyngeal Suctioning QS and
PRN or NA. Resident is receiving Albuterol QUHPRN Atrovent Other MA
Ventilator circuits changed Q month and prn. HME changed Q OOD and prn.
Weaning parameters VC NA Spont VT NA Spont RR NA NiF NA .
Weaning: T/C @
O ₂ SAT NA ETCO ₂ RR NA HR NA during weaning trials. Speaking
valve duration
Recent ABG: PH 7.35 PCO ₂ 56, PO ₂ 80, U-HCO ₃ 81, 3 O ₂ SAT 95,7 . CXR 4 9 8
R/D Pluspary EderaCBC1/19/08 WBC10 Isolation NA Temperature 991
On Antibiotics for treatment of Weekly rounds with
pulmonary physician(s) 3 SSSO
Summary: Patient Stable No distress noted
Not Weanable at this time
Respiratory Care Practitioner
Print Name 1 / OSSELIA PLUVIOSE

Signature

n/a - non applicable

Resident's Name: KARRON MARION Date:	3/8/08 ID#: 15354
Resident is a 77 year old (m(f) with a history of 12 Ratoky FAILLERE. Vea + C	R.F. COPD. Respi-
Ratory FAILURE Vent a	lepandent,
PNEUMONIA on ventila	ator support with the following vent setting:
Mode(A/C), IMV, CPAP Respiratory Rate Assisting Rate	14 VT 500
Spont VT NA PS NA Peep NA Fio2 35/45	I Time Q8 Flow Rate 504/16
Pip 18-20 Alarm set at low pressure 50 High pressure	12 Low volume 2.5
O ₂ SAT 97/ ETC O ₂ 37 augr 84 Breath sounds	s RHONCHT BL. Trach
size S Type of trach tube DCT Cuff press 22	Aspirate Bivona Trach Tube <u>QS or NA</u> ,
Appearance of tracheal stoma site NOR 11744	Receiving
treatment to tracheal stoma sit	te. Appearance of skin integrity under
trach holding strap NOISMAL Trach holder changed Mon.,	Thurs., bath day and prn. Tracheostomy
tube inner cannula changed/cleaned and prn. Tracheosto	my tube last changed on 2/5/0 §
Trach care completed QS and prn. Suction for loose/thick/tenacious	secretion Q OOD & PRN. Secretion's
Color_ yellow. Amounts scant/small/moderate/large or copi	ous. Oral/Pharyngeal Suctioning QS and
PRN or NA. Resident is receiving Albuterol PRN Atrovent A	
Ventilator circuits changed Q month and	d prn. HME changed Q OOD and prn.
Weaning parameters VC W/A Spont VT W/A Spont	RR N/4 Nif N/A
Weaning: T/C @hr's,	
O2SAT N/A ETCO2 N/A RR N/A-HR N/	
valve duration \(\begin{align*} \begin{align*} \A & & \end{align*}	
Recent ABG: PH MAPCO ₂ MAPCO ₃ MACO ₃ MACO ₃	02 SAT N/A . CXR 2/19/08
COPD, cardio megaly CBC1/19/08/1611, wac Isolatic	on <u>J/A</u> Temperature 98.6°
On Antibiotics <u>N/A</u> for treatment of <u>P</u> pulmonary physician(s) <u>3/6/08</u> DR Sosso Summary: <u>Resident appears</u> St force distress voted. Well	. Weekly rounds with
pulmonary physician(s) 3/6/08 DR Sosso	NO B's was oder
Summary: Resident appears St	able No Respira-
tory distress voted. Will	l'entime to
montor	
Re	espiratory Care Practitioner
Pri	int Name TIBOR HOBRIN
n/a – non applicable	gnature Tilon Lobaru Bate 3/8/08

Resident's Name: KARROW, MARCON Date:	4/1/08 ID#: 15354
Resident is a 77 year old (m/f) with a history of 1205p. g COPD, UDDF, n/o machical delice	scoile une - vecco. De feerdreed,
/	ilator support with the following vent setting:
Mode A/O, IMV, CPAP Respiratory Rate Assisting Rate	
Spont VT 440 PS 1/4 Peep 1/64 Fio2 35-45	I Time / G Flow Rate 44
Pip 26 Alarm set at low pressure 16 High pressure	
O2SAT 96% ETC O2 4 Duny Hy HR 886 pur Breath sour	
size 8 Type of trach tube Colf press 22em	
Appearance of tracheal stoma site NOPMAL	Receiving
treatment to tracheal stoma	
trach holding strap WORMA . Trach holder changed Mon	., Thurs., bath day and prn. Tracheostomy
tube inner cannula changed/cleanedand prn. Tracheos	stomy tube last changed on $3/31/08$.
Trach care completed QS and prn. Suction for loose/thick/tenaciou	s secretion QOOD & PRN. Secretion's
Color yellow. Amounts scant/small/moderate/large or co	ppious. Oral/Pharyngeal Suctioning OS and
PRN or NA. Resident is receiving Albuterol Og FIRM Atrovent	Out Other N/2
	and prn. HME changed Q OOD and prn.
Weaning parameters VC N/A Spont VT N/A Sport	nt RR N/A NIF N/A.
Weaning: T/C @ WA % or N/A LPM increased by NA hr	's/day to maximum ofhours.
$O_2SAT N/A ETCO_2 N/A RR N/A HR N/A$	
valve duration N	
Recent ABG: PH N/A PCO ₂ N/A PO ₂ N/A HCO ₃ N/A	O2 SAT NA CXR NA
CBC N (A Isola	tion N/A Temperature 99.4
On Antibiotics for treatment of	. Weekly rounds with
pulmonary physician(s) DR. Sasso-pack proge	costs not wear ABILE
Summary: Po has perioceucico epoteceles of de.	scrocchcosoca - Kacalow D, verle
cheese K-now CBC, Brip news predicted. I	eschos come ponderay, Prisage -
TOCORCE, WI'LL COCODE LECCE DO CLEOLOTORE for co	
	Respiratory Care Practitioner
	Print Name M. GORODE 15 CGP
	Signature Date 4/1/0}
Fiveboro Printing (718) 431-9500 Form No. SL-131	

Resident's Name: Karron Marion Date: 5/1/08 ID#: 15354
Resident is a 77 year old (m/f) with a history of Resp. Failure, Vent Dependent
COPD Preumania, A Fib, E TOH abuse, Mypothyroidism
Hyperholdenia, Ostcouttinition ventilator support with the following vent setting:
Mode A/C, IMV, CPAP Respiratory Rate 12 Assisting Rate 14 VT 500
Spont VT 455 PS NA Peep NA Fio2 35 45% I Time O. & Flow Rate 50
Pip 30 Alarm set at low pressure 12 High pressure 50 Low volume 3. L
02SAT 96% ETCO2 45 mm HR 67 Breath sounds L'd Vilat + Rhonch Trach
size 8 Type of trach tube CT Cuff press D cm/2 (Aspirate Bivona Trach Tube QS or (NA)
Appearance of tracheal stoma site Receiving
treatment to tracheal stoma site. Appearance of skin integrity under
trach holding strap nombl. Trach holder changed Mon., Thurs., bath day and prn. Tracheostomy
tube inner cannula changed/cleaned DD and prn. Tracheostomy tube last changed on 33108.
Trach care completed QS and prn. Suction for loose/thick/tenacious secretion Q & PRN. Secretion's
Color_ Yellowsh. Amounts scant/small/moderate/large or copious. Oral/Pharyngeal Suctioning QS and
PRN or NA Resident is receiving Albuterol 4 Prn Atrovent 4 Other 0
Ventilator circuits changed Q month and prn. HME changed Q OD and prn.
Weaning parameters VC
Weaning: T/C @ \(\text{\PM} \) or \(\text{\PM} \) hours.
O ₂ SAT NA ETCO ₂ NA RR NA HR NA during weaning trials. Speaking
valve duration PMV & family
Recent ABG: PH 010 PCO2 no PO2 00 HCO3 no O2 SAT no CXR 1
BBC 3.31 Hb 9.8 Isolation 012 Temperature 98,2°
On Antibiotics for treatment of Weekly rounds with
pulmonary physician(s) Occove
Summary: No evidence of acute infection - not we anable
from machanical untilation 20 Severe COPD-RT
to continue current regimen_
Respiratory Care Practitioner
Print Name Cresh P. Antoine
n/a – non applicable Signature Date 5/1/08

Resident's Name: Karron Mosion Date: 6/1/08 ID#: 15354
Resident is a FF year old (m/f) with a history of VDRF COPD, Wo
malmubition allo A-Fib, resp. failure, 510H abeese, Preenus
on ventilator support with the following vent setting: Mode (A/C), IMV, CPAP Respiratory Rate
Assisting Rate VT 500 Spont. VT PS Peep Peep
Fio ₂ 45-55 Time , 8 Flow Rate 50 Pip 26 Alarm set at low Pressure 16
High pressure 55 Low volume 3. O O ₂ SAT 96 ETCO ₂ 46 HR 90 Breath
sounds Ble Ru Trach size 8 Type of trach tube BC Cuff
press 20 Aspirate Bivona Trach Tube QS of NA, Appearance of tracheal stoma site round
Receiving treatment to
tracheal stoma site. Appearance of skin integrity under trach holding strap holding. Trach holder
changed Mon., Thurs., bath day and prn. Tracheostomy tube inner cannula changed/cleaned and
prn. Tracheostomy tube last changed on 3/3/08. Trach care completed QS and prn. Suction for
loose thick tenacious secretion QS & PRN. Secretion's Color
moderate/large or copious. Oral/Pharyngeal Suctioning OS and PRN of NA.) Resident is receiving
Albuterol Q4°PRN Atrovent Q4° Other Reclaisore 10 mgas Ventilator circuits changed Q month
and prn. HME changed QOD and prn. Weaning parameters date MA VC MA Spont VT W/A
Spont RR NiF NiF N/+ . Weaning: T/C @ N/A % or N/H LPM increased by N/A hr's/day
to maximum of N/t hours. O ₂ SAT N/t ETCO ₂ N/t RR N/t HR N/t during
weaning trials. Speaking valve duration a family only Recent ABG date N/K PH N/A
PCO ₂ N/A PO ₂ N/A HCO ₃ N/A O ₂ SAT N/A . Recent CXR date: 3/24/08, Results: NO
active disease seen OPD Tobserved Recent CBC date 5/24/08 WBC filling
Hg Audity Isolation N/A Temperature 99. I On Antibiotics N/A
for treatment of N/A. Weekly rounds with pulmonary physician(s) Niccour
ou of 25/08, case discussed & staff, pt is accase and alert,
not weauable to could present regularive.
Summary: resident has exhibited of the auxient to resp.
distress notes e this time, will closely moures.
Respiratory Care Practitioner
Print Name #1/EX and John John John John John John John John
n/a – non applicable Signature M Monotov Date Military

	Resident's Name: 8 Karon Marroy Date: 7/1/08 ID#: 15354
	Resident is a 78 year old (m/f) with a history of West Do pordert, Resp. for lune
	CODD A Fib Malnutrition MRSA-S Dutum FTDHabuse hypothypoulisms ypellibrations OSTEO POROSIS SELECTION (IS 3/6/08) on ventilator support with the following vent setting: Mode ATO IMV, CPAP Respiratory Rate 12
	Assisting Rate 18 VT 500 Spont. VT NA PS NA Peep NA
	Fio ₂ 45/55 I Time 0.8 Flow Rate 50 Pip 29 Alarm set at low Pressure 16
	High pressure 55 Low volume WA O ₂ SAT 99 ETCO ₂ 44 HR 45 Breath
)	sounds Belat bonchi Trach size 8 Type of trach tube Shiley PG Cuff
	press Aspirate Bivona Trach Tube QS or NA, Appearance of tracheal stoma site NORMAL
	Receiving NO Treatment to
	tracheal stoma site. Appearance of skin integrity under trach holding strap <u>normal</u> . Trach holder
	changed Mon., Thurs., bath day and prn. Tracheostomy tube inner cannula changed/cleaned and
	prn. Tracheostomy tube last changed on $6/26/08$. Trach care completed QS and prn. Suction for
	loose thick tenacious secretion QS & PRN. Secretion's Color yellow. Amounts scant/small/
	moderate/large or copious. Oral/Pharyngeal Suctioning OS and PRN or NA. Resident is receiving
)	Albuterol GYPRN Atrovent QY Other WITH Ventilator circuits changed Q month
	and prn. HME changed QOD and prn. Weaning parameters date WA VC MA Spont VT MA
	Spont RR NiF NiF Weaning: T/C @ MA % or MA LPM increased by MA hr's/day
	to maximum of MA hours. O ₂ SAT NA ETCO ₂ MA RR NA HR MA during
	weaning trials. Speaking valve duration Frankly Recent ABG date MA PH NA
	PCO ₂ NA PO ₂ NAHCO ₃ NA O ₂ SAT NA Recent CXR date: MA Results: NA
	Recent CBC date6/4/08 WBC 13.4
)	Hg 97 Isolation N/A Temperature 986 On Antibiotics N/A
	for treatment of $\frac{\sqrt{H}}{\sqrt{2}}$. Weekly rounds with pulmonary physician(s) $\frac{6}{30}$
	Dr Ralph J. Ciècone pt was homody namically stable no signs
	of acute infection. It was not wearable from mechanica (bu)
	Summary: Well continue to monitor for any change in Respiratory
	Respiratory Care Practitioner
	Print Name SAMUE (BONHOMME
	n/a - non applicable Signature Splus Date 1/1/08

1	Resident's Name: KARRON, M Date: 8/1/08 ID#: 15354
	Resident is a 77 year old (m/f) with a history of NORF, COPD, zeep. failure
	A. fib, ETOH obuse, preumocia hypothyroidism
	on ventilator support with the following vent setting: Mode A/O, IMV, CPAP Respiratory Rate
	Assisting Rate VT 500 Spont. VT 6 PS NA Peep NA
	Fio2 35/45 Time 0.8 Flow Rate 50 Pip 20 Alarm set at low Pressure /2
	High pressure <u>SO</u> Low volume <u>3, 0</u> O ₂ SAT <u>96</u> ETCO ₂ <u>44</u> HR <u>92</u> Breath
)	sounds BBS = NH Trach size 8 Type of trach tube DCT Cuff
	press 22 Aspirate Bivona Trach Tube QS or NA) Appearance of tracheal stoma site Nozaco Q
	Receiving treatment to
	tracheal stoma site. Appearance of skin integrity under trach holding strap Nozuce CTrach holder
	changed Mon., Thurs., bath day and prn. Tracheostomy tube inner cannula changed/cleaned (Q) and
	prn. Tracheostomy tube last changed on 6/26/08. Trach care completed QS and prn. Suction for
	loose/thick/tenacious secretion QS & PRN. Secretion's Color_\textstyle=\texts
	moderate/large or copious. Oral/Pharyngeal Suctioning QS and PRN or NA. Resident is receiving
)-	Albuterol Q4PNiVAtrovent Q4°Other Ventilator circuits changed Q month
	and prn. HME changed QOD and prn. Weaning parameters date MA VC NA Spont VT NA
	Spont RR NiF N/A . Weaning: T/C @ N/A% or LPM increased byhr's/day
	to maximum of hours. O_2SAT N ETCO ₂ N RR N HR N during
	weaning trials. Speaking valve duration = family only Recent ABG date 7/15/08 PH 7.34
	PCO ₂ 80 PO ₂ 1005HCO ₃ 43.1 O ₂ SAT 97 Recent CXR date: 7/15/08 Results: Nied CHF
	No premioria COPD Recent CBC date 7/4/08 WBC 13,4
	Hg 9,4 Isolation A Temperature 98.7 On Antibiotics A
	for treatment of N/A. Weekly rounds with pulmonary physician(s) Da. Ciecone
	on 7/28/08 cose disensed = staff Ph. is not
	weamable 2° to severe COPD To continue present
	Summary: regimine Pt. is stoble No resp. distress
	noted at this time Will cout to mointon
	Respiratory Care Practitioner
T	Print Namet Ecix Knavenent
1	n/a - non applicable Signature F. Uneversul Date 8/1/08

Resident's Name: MANON, MANON Date	:: 9/1/08 ID#: 15354
Resident is a <u>8D</u> year old (m/f) with a history of <u>VDRF</u>	1000 , HX:A-FIB N/L
on ventilator support with the following vent setting: Mode A/C,	IMV, CPAP Respiratory Rate //
Assisting Rate/8VTSpont. VT	
Fio ₂ 31/457 I Time 9 Flow Rate 44 4m Pip	
High pressure D Low volume 4.0 O ₂ SAT 96-987	ETCO ₂ Homely HR 72 Breath
sounds egul + Bilahl i doffen Phh Trach size 8	Type of trach tube DCT Cuff
press 24 Aspirate Bivona Trach Tube QS or No. Appea	rance of tracheal stoma site promul
10 rechess or sully . Receiving 0	treatment to
tracheal stoma site. Appearance of skin integrity under trach hold	ling strap <u>norm</u> . Trach holder
changed Mon., Thurs., bath day and prn. Tracheostomy tube inne	er cannula changed cleaned Q 24 and
prn. Tracheostomy tube last changed on 8/21/08. Trach c	are completed QS and prn. Suction for
loose/thick/tenacious secretion QS & PRN. Secretion's Color	Amounts scant/small/
moderate large or copious. Oral/Pharyngeal Suctioning OS and P	
Albuterol Qy Pen (No) Atrovent 100 Qy Other	Ventilator circuits changed Q month
and prn. HME changed QOD and prn. Weaning parameters date _	VCSpont VT
Spont RR NiF Weaning: T/C @	
to maximum ofhours. O ₂ SATETCO ₂ weaning trials. Speaking valve duration	RR HR during
weaning trials. Speaking valve duration	Recent ABG date 7/1/01 PH 7-34
PCO_2 4 PO_2 $100 \cdot 1$ PCO_3 $43 \cdot 1$ PCO_3 $100 \cdot 1$	CXR date: 8/19/1/18 Results: 44/17
	cent CBC date 7/14/2008 WBC 13.4
Hg 9.9 Isolation Λ/Λ Temperature 97.6 O	n Antibiotics
	vith pulmonary physician(s) Dr. Casto
DA'S at this time. NOT nearnable to sever	Le COPO.
	n / A
disposs. We Will at to chily.	while significant lays.
	Respiratory Care Practitioner/
	Print Name Will on the
n/a – non applicable	Signature Date 9/1/3

Resident's Name: 2010, Marion Date: 10/108 ID#: 15354
Resident is a 77 year old (mlf) with a history of COPD, A-FIB, Osteogrovories,
Resp. Veiline, Pneumonier, MRSA, Bysphagia, hypothyrodismi
on ventilator support with the following vent setting: Mode A/C, IMV, CPAP Respiratory Rate/6
Assisting Rate VT _ 500cc Spont. VT _ W/A _ PS _ W/A _ Peep _ W/A _
Fio2 35 45 I Time 0.9 Flow Rate 44 Pip 30 Alarm set at low Pressure 16
High pressure 55 Low volume 614 O2SAT 93 ETCO2 46 HR 59 Breath
sounds BL RHONCHI Trach size 8 Type of trach tube DCT Cuff
press 242M Aspirate Bivona Trach Tube QS or NA, Appearance of tracheal stoma site Months (1988)
tracheal stoma site. Appearance of skin integrity under trach holding strap wow. Trach holder
changed Mon., Thurs., bath day and prn. Tracheostomy tube inner cannula changed/cleanedand
prn. Tracheostomy tube last changed on $8/25/08$. Trach care completed QS and prn. Suction for
loose thick tenacious secretion QS & PRN. Secretion's Color yellow. Amounts scant small
moderate/large or copious. Oral/Pharyngeal Suctioning QS and PRN or NA. Resident is receiving
Albuterol VP Q4 PANAtrovent VP Q4 Other N/A Ventilator circuits changed Q month
and prn. HME changed QOD and prn. Weaning parameters date W/A VC W/A Spont VT N/A
and prn. HME changed QOD and prn. Weaning parameters date W/A VC W/A Spont VT N/A Spont RR N/A NiF N/A . Weaning: T/C @ N/A % or N/A LPM increased by W/A hr's/day
and prn. HME changed QOD and prn. Weaning parameters date <u>W/A</u> VC <u>N/A</u> Spont VT <u>N/A</u> Spont RR <u>N/A</u> NiF <u>N/A</u> Weaning: T/C @ <u>N/A</u> % or <u>N/A</u> -LPM increased by <u>W/A</u> hr's/day to maximum of <u>N/A</u> hours. O ₂ SAT <u>N/A</u> ETCO ₂ <u>N/A</u> RR <u>RN/A</u> HR <u>W/A</u> during
and prn. HME changed QOD and prn. Weaning parameters date W/A VC W/A Spont VT N/A Spont RR N/A NiF N/A . Weaning: T/C @ N/A % or N/A-LPM increased by W/A hr's/day to maximum of N/A hours. O ₂ SAT N/A ETCO ₂ N/A RR N/A HR W/A during weaning trials. Speaking valve duration N/A Recent ABG date 7/15/08 PH 7,34,
and prn. HME changed QOD and prn. Weaning parameters date W/A VC W/A Spont VT N/A Spont RR N/A NiF N/A Weaning: T/C @ N/A % or N/A-LPM increased by W/A hr's/day to maximum of N/A hours. O ₂ SAT N/A ETCO ₂ N/A RR N/A HR W/A during weaning trials. Speaking valve duration N/A Recent ABG date 7/15/08 PH 7.34, PCO ₂ 45 PO ₂ 10015HCO ₃ 4/31 O ₂ SAT 97%. Recent CXR date: 9/30/08 Results: COPD is
and prn. HME changed QOD and prn. Weaning parameters date W/A VC W/A Spont VT N/A Spont RR N/A NiF N/A . Weaning: T/C @ N/A % or N/A-LPM increased by W/A hr's/day to maximum of N/A hours. O ₂ SAT N/A ETCO ₂ N/A RR N/A HR W/A during weaning trials. Speaking valve duration N/A Recent ABG date 7/15/08 PH 7.34, PCO ₂ 45 PO ₂ 1001SHCO ₃ 431 O ₂ SAT 97%. Recent CXR date: 9/3008Results: COPD is observed, 910 active disease is seen. Recent CBC date 9/22/08 WBC 7.0
and prn. HME changed QOD and prn. Weaning parameters date W/A VC W/A Spont VT W/A Spont RR N/A NiF N/A Weaning: T/C @ N/A % or N/A-LPM increased by W/A hr's/day to maximum of N/A hours. O ₂ SAT N/A ETCO ₂ N/A RR N/A HR W/A during weaning trials. Speaking valve duration N/A Recent ABG date 7/15/08 PH 7.34, PCO ₂ 45 PO ₂ 100.5HCO ₃ 43.1 O ₂ SAT 97%. Recent CXR date: 9/3008Results: COPD is observed, 910 active disease is seen. Recent CBC date 9/22/08 WBC 7.0 Hg 10.2 Isolation N/A Temperature 99.2 On Antibiotics Copoletan
and prn. HME changed QOD and prn. Weaning parameters date W/A VC W/A Spont VT N/A Spont VT N/A Spont RR N/A NiF N/A . Weaning: T/C @ W/A % or N/A LPM increased by W/A hr's/day to maximum of N/A hours. O ₂ SAT N/A ETCO ₂ N/A RR N/A HR N/A during weaning trials. Speaking valve duration N/A Recent ABG date 7/5/08 PH 7.34, PCO ₂ 45 PO ₂ 100.5HCO ₃ 43.1 O ₂ SAT 97% . Recent CXR date: 8/30/08Results: COPD is observed, 9to active disease is seen. Recent CBC date 9/22/08 WBC 7.0 Hg 10.2 Isolation N/A Temperature 99.2 On Antibiotics Cofotchan for treatment of 6 tube about . Weekly rounds with pulmonary physician(s) Patient in
and prn. HME changed QOD and prn. Weaning parameters date W/A VC N/A Spont VT N/A Spont RR N/A NiF N/A Weaning: T/C @ N/A % or N/A LPM increased by W/A hr's/day to maximum of N/A hours. O ₂ SAT N/A ETCO ₂ N/A RR N/A HR N/A during weaning trials. Speaking valve duration N/A Recent ABG date 7/5/08 PH 7.34, PCO ₂ 45 PO ₂ 100,5HCO ₃ 43,1 O ₂ SAT 97%. Recent CXR date: 9/3008Results: COPD is Observed, No active disease is seen. Recent CBC date 9/22/08 WBC 7.0 Hg 10,2 Isolation N/A Temperature 99,2 On Antibiotics Cefotetan for treatment of G tube abolds. Weekly rounds with pulmonary physician(s) Patient is not weaning trials. Speaking valve duration weekly rounds with pulmonary physician(s) Patient is not weaning trials. Speaking valve duration weekly rounds with pulmonary physician(s) Patient is
and prn. HME changed QOD and prn. Weaning parameters date N/A VC N/A Spont VT N/A Spont RR N/A NiF N/A . Weaning: T/C @ N/4 % or N/A-LPM increased by N/A hr's/day to maximum of N/A hours. O ₂ SAT N/A ETCO ₂ N/A RR N/A HR N/A during weaning trials. Speaking valve duration N/A Recent ABG date 7/15/08 PH 7.34, PCO ₂ 45 PO ₂ 100.5HCO ₃ 43.1 O ₂ SAT 97%. Recent CXR date: 9/3008Results: COPD is observed, 90 active disease is seen. Recent CBC date 9/22/08 WBC 7.0 Hg 10.2 Isolation N/A Temperature 99.2 On Antibiotics Cofotetan for treatment of G take abolds . Weekly rounds with pulmonary physician(s) Patient is not wearable from mechanical ventilation. This is secondary to severe COPD;
and prn. HME changed QOD and prn. Weaning parameters date W/A VC N/A Spont VT N/A Spont RR N/A NiF N/A . Weaning: T/C @ N/A % or N/A-LPM increased by W/A hr's/day to maximum of N/A hours. O ₂ SAT N/A ETCO ₂ N/A RR R/A HR N/A during weaning trials. Speaking valve duration N/A Recent ABG date 7/15/08 PH 7.34, PCO ₂ 45 PO ₂ 100,5HCO ₃ 43,1 O ₂ SAT 97%. Recent CXR date: 9/300 & Results: COPD is observed, No active disease is seen. Recent CBC date 9/22/08 WBC 7.0 Hg 10,2 Isolation N/A Temperature 99,2 On Antibiotics Cefotetan for treatment of 6 Tube abolds . Weekly rounds with pulmonary physician(s) Patient is not wearable from mechanical ventilation. This is secondary to severe COPD. Summary: No continue present regimine, Overall prognosis is
and prn. HME changed QOD and prn. Weaning parameters date \(\frac{N/A}{\text{VC}} \) VC \(\frac{N/A}{\text{A}} \) Spont VT \(\frac{N/A}{\text{A}} \) NiF \(\frac{N/A}{\text{A}} \) Weaning: T/C \(\text{Q} \) \(\frac{N/A}{\text{A}} \) Wor \(\frac{N/A}{\text{A}} \) LPM increased by \(\frac{N/A}{\text{A}} \) hr's/day to maximum of \(\frac{N/A}{\text{A}} \) hours. O ₂ SAT \(\frac{N/A}{\text{A}} \) ETCO ₂ \(\frac{N/A}{\text{A}} \) RR \(\frac{RN'/A}{\text{A}} \) HR \(\frac{N/A}{\text{A}} \) HR \(\frac{N/A}{\text{A}} \) HR \(\frac{N/A}{\text{A}} \) HR \(\frac{N/A}{\text{A}} \) PO ₂ \(\frac{100}{\text{S}} \) HCO ₃ \(\frac{1}{\text{A}} \)] O ₂ SAT \(\frac{970}{\text{A}} \). Recent CXR date: \(\frac{9}{\text{A}} \) O ₃ Results: \(\frac{COPD}{\text{is}} \) Observed, \(\frac{100}{\text{S}} \) HCO ₃ \(\frac{1}{\text{A}} \)] O ₂ SAT \(\frac{970}{\text{A}} \). Recent CBC date \(\frac{9/22/08}{\text{B}} \) WBC \(\frac{7}{\text{O}} \) Hg \(\frac{10}{\text{A}} \) Isolation \(\frac{N/A}{\text{A}} \) Temperature \(\frac{9}{\text{A}} \) On Antibiotics \(\frac{Coptotetan}{\text{A}} \) for treatment of \(\frac{C}{\text{Tuke absl44}} \) Weekly rounds with pulmonary physician(s) \(\frac{Patient}{\text{is}} \) is secondary to severe \(\frac{COPD}{\text{A}} \). Summary: \(\frac{1}{\text{C}} \) continue present regimine, Overall prognosis is \(\frac{Phis is}{\text{A}} \) Proposis is
and prn. HME changed QOD and prn. Weaning parameters date W/A VC M/A Spont VT N/A Spont RR N/A NiF N/A . Weaning: T/C @ N/A & VC M/A LPM increased by W/A hr's/day to maximum of N/A hours. O ₂ SAT N/A ETCO ₂ N/A RR R/A HR N/A during weaning trials. Speaking valve duration N/A Recent ABG date 7/15/08 PH 7.34, PCO ₂ 45 PO ₂ 100.5HCO ₃ 4/3.1 O ₂ SAT 97%. Recent CXR date: 9/30/08 Results: COPD is observed, 90 active disease is seen. Recent CBC date 9/22/08 WBC 7.0 Hg 10.2 Isolation N/A Temperature 99.2 On Antibiotics Cefotetan for treatment of 6 tube abolds . Weekly rounds with pulmonary physician(s) Patient is not weanable from mechanical ventilation. This is secondary to severe COPD. Summary: 30 continue present regimine, Overall prognosis is extremely poor: Respiratory Care Practitioner
and prn. HME changed QOD and prn. Weaning parameters date \(\frac{N/A}{\text{VC}} \) VC \(\frac{N/A}{\text{A}} \) Spont VT \(\frac{N/A}{\text{A}} \) NiF \(\frac{N/A}{\text{A}} \) Weaning: T/C \(\text{Q} \) \(\frac{N/A}{\text{A}} \) Wor \(\frac{N/A}{\text{A}} \) LPM increased by \(\frac{N/A}{\text{A}} \) hr's/day to maximum of \(\frac{N/A}{\text{A}} \) hours. O ₂ SAT \(\frac{N/A}{\text{A}} \) ETCO ₂ \(\frac{N/A}{\text{A}} \) RR \(\frac{RN'/A}{\text{A}} \) HR \(\frac{N/A}{\text{A}} \) HR \(\frac{N/A}{\text{A}} \) HR \(\frac{N/A}{\text{A}} \) HR \(\frac{N/A}{\text{A}} \) PO ₂ \(\frac{100}{\text{S}} \) HCO ₃ \(\frac{1}{\text{A}} \)] O ₂ SAT \(\frac{970}{\text{A}} \). Recent CXR date: \(\frac{9}{\text{A}} \) O ₃ Results: \(\frac{COPD}{\text{is}} \) Observed, \(\frac{100}{\text{S}} \) HCO ₃ \(\frac{1}{\text{A}} \)] O ₂ SAT \(\frac{970}{\text{A}} \). Recent CBC date \(\frac{9/22/08}{\text{B}} \) WBC \(\frac{7}{\text{O}} \) Hg \(\frac{10}{\text{A}} \) Isolation \(\frac{N/A}{\text{A}} \) Temperature \(\frac{9}{\text{A}} \) On Antibiotics \(\frac{Coptotetan}{\text{A}} \) for treatment of \(\frac{C}{\text{Tuke absl44}} \) Weekly rounds with pulmonary physician(s) \(\frac{Patient}{\text{is}} \) is secondary to severe \(\frac{COPD}{\text{A}} \). Summary: \(\frac{1}{\text{C}} \) continue present regimine, Overall prognosis is \(\frac{Phis is}{\text{A}} \) Proposis is

Resident's Name: KARRON, MARION I	Date: 11 1 08 ID#: 15354
Resident is a 77 year old (m(f) with a history of head	p. Failure, COPD, A-Fib, MRSA
Pneumonia, Osteoporosis, Dysphagia	Hypothyrodism
on ventilator support with the following vent setting: Mode (A	/C) IMV, CPAP Respiratory Rate
Assisting Rate VT 500 Spont. VT	N/A PS N/A Peep N/A
Fio ₂ 35 45 % I Time 9 Flow Rate 44 Pip	6/
High pressure 55 Low volume 6.4 O ₂ SAT 98	
sounds bilateral rhonchi Trach size 8	Type of trach tubeDCT Cuff
press MOV Aspirate Bivona Trach Tube QS of NA, Ap	
Receiving	2
tracheal stoma site. Appearance of skin integrity under trach l	nolding strap <u>novmal</u> . Trach holder
changed Mon., Thurs., bath day and prn. Tracheostomy tube	nner cannula changed/cleaned() and
prn. Tracheostomy tube last changed on 10308. Trace	11)
loose thick tenacious secretion QS & PRN. Secretion's Color	
moderate/large or copious. Oral/Pharyngeal Suctioning OS/ar	
Albuterol Q4H PRNAtrovent Q4H Other NONE	2.66
and prn. HME changed QOD and prn. Weaning parameters da	te N/A VC N/A Spont VT N/A
Spont RR N/A NiF N/A . Weaning: T/C @ N/A	
to maximum of <u>NA</u> hours. O ₂ SAT <u>NA</u> ETCO ₂	
weaning trials. Speaking valve duration PMV & family or	Aly Recent ABG date N/A PH N/A
PCO ₂ N/A PO ₂ N/A HCO ₃ N/A O ₂ SAT N/A . Rec	ent CXR date: 10 15 0 8 Results:
Right Lower Lobe Pneumonia.	Recent CBC date 10/30/08 WBC N 6.3
Hg V 9.3 Isolation N/A Temperature 99	Recent CBC date 10/30/08 WBC N 6.3 On Antibiotics NONE
for treatment of	ls with pulmonary physician(s) Dr. Ciccone
on 10 27/08 case discussed & staff.	Patient is not weanable from
mechanical ventilation secondary to	severe COPD.
	monitor pt. for any As in
respiratory status.	1 1 0
l ()	Respiratory Care Practitioner
	Print Name SVETLANA MARINYAK
n/a – non applicable	Signature <u>6 Maninyak</u> Date 11/1/08

Resident's Name: Karrow, Marion Date: 12/1/08 ID#: 15354
Resident is a ### year old (m/6) with a history of Besp. Fai lure 10 RF
COPD, 4/0 maluntrition Alo A-Fib , 05+60 porests
COLD WILL COLD THE CO
on ventilator support with the following vent setting: Mode A/C, IMV, CPAP Respiratory Rate
Assisting Rate VT 500 Spont. VT N/H PS N/H Peep N/H
Fio ₂ 35-45 I Time 0.9 Flow Rate 44 Pip 20 Alarm set at low Pressure 6
High pressure Low volume 6. 9 O ₂ SAT 96 ETCO ₂ 43 HR 59 Breath
sounds BL, DE, RH Trach size 8 Type of trach tube DCY Cuff
press Aspirate Bivona Trach Tube QS or NA) Appearance of tracheal stoma site TWILLAL
Receivingtreatment to
tracheal stoma site. Appearance of skin integrity under trach holding strap Twitted. Trach holder
changed Mon., Thurs., bath day and prn. Tracheostomy tube inner cannula changed/cleaned and
prn. Tracheostomy tube last changed on 10/3/08. Trach care completed QS and prn. Suction for
loose(thick/tenacious secretion QS & PRN. Secretion's Color Yellow. Amounts scant/small/)
moderate/large or copious. Oral/Pharyngeal Suctioning QS and PRN or NA. Resident is receiving
Albuterol QYPPN Atrovent QY Other Prediction Wentilator circuits changed Q month.
and prn. HME changed QOD and prn. Weaning parameters date
Spont RR W/t NiF W/t . Weaning: T/C @ W/t % or W/t LPM increased by W/t hr's/day
to maximum of MA hours. O ₂ SAT M/H ETCO ₂ M/H RR M/H HR M//A during
weaning trials. Speaking valve duration C found of ouly Recent ABG date N/A PH M//
PCO2 N/A PO2 N/A HCO3 N/A O2 SAT N/A . Recent CXR date: M/14/08 Results: COPD and
RLL preservering . Recent CBC date 11/29/08 WBC 8, 7
Hg 9, T Isolation N/A Temperature 99.6 On Antibiotics Missipine, Avelox
for treatment of RLL Presurocesa. Weekly rounds with pulmonary physician(s) Ar Gocale
are 1/24/08 case discussed o short p+ is teshargie no+
weauable 2° to severe copo, colli pressus Egineire
Summary: Zesideut had DE B & TSOB His mening,
Alb. TO US GIVEN PRO TO BEES, will choself when for
Respiratory Care Respiratory
Print Name A/EXANDRA Seleoloyshy
n/a – non applicable Signature Date 12/1/08

Resident's Name: Karnon, Marion Da	te: $1/1/09$ ID#: 15354
Resident is a 77 year old (m/f) with a history of Col	D. A Fib, Ostesporosis
lesp-failure, prieumonia, MRSA, Dy	sphosix hypothypothym.
on ventilator support with the following vent setting: Mode A/C	
Assisting RateVTSpont. VT	
Fio ₂ 35 / 45 I Time 1 - 9 Flow Rate 44 Pip	
High pressure 60 Low volume 6.4 O ₂ SAT 95	
sounds Bilat Rhouch pend Trach size 8	//////
press @/w/10 Aspirate Bivona Trach Tube QS or NA, App	
Receiving	treatment to
tracheal stoma site. Appearance of skin integrity under trach ho	olding strap mount. Trach holder
changed Mon., Thurs., bath day and prn. Tracheostomy tube in	ner cannula changed/cleaned 60 and
prn. Tracheostomy tube last changed on $12/08/08$. Trach	care completed QS and prn. Suction for
loose/thick/tenacious secretion QS & PRN. Secretion's Color_	yellow. Amounts scant/small 70
moderate/large or copious. Oral/Pharyngeal Suctioning OS and	
Albuterol 64 PRN Atrovent UD 64 Other predmiss	Ventilator circuits changed Q month
and prn. HME changed QOD and prn. Weaning parameters date	
Spont RR N 17 NiF N/17 . Weaning: T/C @ N/17	
to maximum of NA hours. O_2SAT NA ETCO ₂ A	//A RR N/A HR N/A during
weaning trials. Speaking valve duration Efamily only	Recent ABG date 11/14 PH 11/14
PCO ₂ N/A PO ₂ N/A HCO ₃ N/A O ₂ SAT N/A . Recei	nt CXR date: 11/19/08 Results: COPD, RLC
10	Recent CBC date 11/29/08 WBC 8-7
Hg 9.7 Isolation W/A Temperature 99.9	On Antibiotics
	with pulmonary physician(s) 12/15/08
Dr Ralph J. Cicome. Case alexenas	,1_
Wearnable From Mechanical ventila	
Summary: Mr. Stable, We Well CO?	utime to monda pt or any
Churyon en Reap States	· /
	Respiratory Care Practitioner Print Name SAMDE C BOWHOMME
n/a – non applicable	Signature & Bandanes Date 1/1/109
and approach	orginature De 1971 To 10 10 10 Date 1

Resident's Name: KARNON, Marrian Date: 2/3/0-9 ID#: 15354
Resident is a 18 year old (mf) with a history of COPD, Afb, ostoperiofis,
1/DRF
on ventilator support with the following vent setting: Mode A/C, IMV, CPAP Respiratory Rate 1/6
Assisting Rate 3 VT 500 Spont. VT N/A PS N/4 Peep 5
Fio_ 35/45 I Time 0-9 Flow Rate 44 Pip 27 Alarm set at low Pressure 16 cashe
High pressure 550 Low volume 6-4 O2SAT 966 ETC O2 39 HR 101 Breath
sounds Blateral Teluhi Trach size 8 Type of trach tube Shiely DCT Cuff
press 21 Aspirate Bivona Trach Tube QS or NA, Appearance of tracheal stoma site normal
Receiving treatment to
tracheal stoma site. Appearance of skin integrity under trach holding strap Trach holder
changed Mon., Thurs., bath day and prn. Tracheostomy tube inner cannula changed/cleaned and
prn. Tracheostomy tube last changed on 12/8/08. Trach care completed QS and prn. Suction for
loose/thick/tenacious secretion QS & PRN. Secretion's Color Jellow . Amounts scant/small/
moderate large or copious. Oral/Pharyngeal Suctioning OS and PRN or NA. Resident is receiving
Albuterol Que Atrovent Ouff Other 1/4 Ventilator circuits changed Q month
and prn. HME changed QOD and prn. Weaning parameters date
Spont RR NiF NiF Weaning: T/C @ N/A or NP LPM increased by N/A hr's/day
to maximum of NA hours. O ₂ SAT NA ETCO ₂ NA RR NA HR NA during
weaning trials. Speaking valve duration E funding Recent ABG date MA PH N/A PCO ₂ NA PO ₂ NA HCO ₃ NA O ₂ SAT NA . Recent CXR date: MA Results: NA
. Recent CBC date 3/1/09 WBC 18.5
Hg 92 Isolation Meya Sund Wer Temperature 1029 On Antibiotics Avelor and manipin
for treatment of poreumania. Weekly rounds with pulmonary physician(s) & Cicerne 1/26/09. NO Charps were hade charp hounds; to be
soutingere with present regimins
Summary: Lendent appour remportable. Revident is State.
No original any terphology dustress well contain to man to -
Respiratory Care Practitioner
Print Name JOHN CHENIYAN
n/a – non applicable Signature Lyw Date 2/3/0-9

Resident's Name: KARRON, MARION Date: 3/6/09 ID#: 15354
Resident is a 77 year old (m/f) with a history of COPD, AFIB, OSTEOPOROSIS, VDRF,
RIO malnutrition, resp. failure, preumonia, MRSA, Sepires, hypothyrondism
on ventilator support with the following vent setting: Mode A/C, IMV, CPAP Respiratory Rate 18
Assisting Rate 8 VT 500 Spont. VT NA PS NA Peep TS
Fio ₂ 30 40 I Time 0.9 Flow Rate 44 Pip 30 Alarm set at low Pressure 16
High pressure 55 Low volume 12 O ₂ SAT 95 ETC O ₂ 43 HR 125 Breath
sounds BL RHOWCHI Trach size S Type of trach tube DCT Cuff
press 24cm Aspirate Bivona Trach Tube QS or NA, Appearance of tracheal stoma site mound
Mormal . Receiving NA treatment to
tracheal stoma site. Appearance of skin integrity under trach holding strap <u>normal</u> . Trach holder
changed Mon., Thurs., bath day and prn. Tracheostomy tube inner cannula changed/cleanedand
prn. Tracheostomy tube last changed on 3307. Trach care completed QS and prn. Suction for
loose thick tenacious secretion QS & PRN. Secretion's Color yellow. Amounts scant small
moderate/large or copious. Oral/Pharyngeal Suctioning OS and PRN or NA. Resident is receiving
Albuterol UDQ 4PRN Atrovent UDQ4 Other NA Ventilator circuits changed Q month
and prn. HME changed QOD and prn. Weaning parameters date WA VC NA Spont VT NA
Spont RR NiF NiF NA . Weaning: T/C @ NA % or NA LPM increased by NA hr's/day
to maximum of <u>NA</u> hours. O ₂ SAT <u>NA</u> ETCO ₂ <u>NA</u> RR <u>NA</u> HR <u>NA</u> during
weaning trials. Speaking valve duration WA Recent ABG date 2/20/09 PH 7.32
PCO_2 57,6 PO_2 17.8 PCO_3 29,8 PCO_3 02 SAT 97,8 Recent CXR date: PCO_3 Results: PCO_4 Results: PCO_4 Results: PCO_4 Results: PCO_5 Recent CXR date: PCO_5 Results: PCO_5 Results: PCO_5 Recent CXR date: PCO_5 Results:
Hg 8.9 Isolation MRSA Temperature 99.6 On Antibiotics NA
for treatment of NA
to continue present regimine. Resident is not weanable + has pour
to continue present regimine. Resident is not wearable & has pour prognosis. Will continue to monitory for any D's in reservatory status. Summary: Resident is not wearable & has poor prognosis.
Summary: Resident is not weanable + has poor prognosis,
Respiratory Care Practitioner
Print Name M, STEFAIVELLI
n/a – non applicable Signature M. Stefanell: Date 3/6/07

Resident's Name: WARRON, MARION Date: 43 09 ID#: 15354
Resident is a 77 year old (mf) with a history of COPD, VDRF, A-FIB, OSTEOPOROSIS,
SEPSIS 2°UTI, PNA, RESP. FAILURE,
on ventilator support with the following vent setting: Mode A/C, IMV, CPAP Respiratory Rate
Assisting RateVT 500cc Spont. VTPSPeep
Fio ₂ 30 40 I Time 0.8 Flow Rate 50 Pip 30 Alarm set at low Pressure 16
High pressure 55 Low volume 7,2 O ₂ SAT 98 ETCO ₂ HR 99 Breath
sounds_BLRHONCHI Trach size S Type of trach tube DCT Cuff
press 24cm Aspirate Bivona Trach Tube QS or NA, Appearance of tracheal stoma site wound
Mormal . Receiving WA treatment to
tracheal stoma site. Appearance of skin integrity under trach holding strap wowel. Trach holder
changed Mon., Thurs., bath day and prn. Tracheostomy tube inner cannula changed cleaned and
prn. Tracheostomy tube last changed on <u>2/3/09</u> . Trach care completed QS and prn. Suction for
loosekthick/tenacious secretion QS & PRN. Secretion's Color yellow . Amounts scant/small/
moderate large or copious. Oral/Pharyngeal Suctioning QS and PRN or NA. Resident is receiving
Albuterol UDG 4 FRWAtrovent UD Q4 Other WA Ventilator circuits changed Q month
and prn. HME changed QOD and prn. Weaning parameters date
and prn. HME changed QOD and prn. Weaning parameters date
and prn. HME changed QOD and prn. Weaning parameters date <u>NA</u> VC <u>WA</u> Spont VT <u>WA</u> Spont RR <u>NA</u> NiF <u>NA</u> . Weaning: T/C @ <u>NA</u> % or <u>NA</u> LPM increased by <u>NA</u> hr's/day
and prn. HME changed QOD and prn. Weaning parameters date <u>NA</u> VC <u>NA</u> Spont VT <u>NA</u> Spont RR <u>NA</u> NiF <u>NA</u> . Weaning: T/C @ <u>NA</u> % or <u>NA</u> LPM increased by <u>NA</u> hr's/day to maximum of <u>NA</u> hours. O ₂ SAT <u>NA</u> ETCO ₂ <u>NA</u> RR <u>NA</u> HR <u>NA</u> during
and prn. HME changed QOD and prn. Weaning parameters date NA VC Spont VT Spont VT Spont VT Spont VT WA LPM increased by NA hr's/day to maximum of NA ETCO2 WA RR RR HR A HR WA during weaning trials. Speaking valve duration NA Recent ABG date NA PH PH WA
and prn. HME changed QOD and prn. Weaning parameters date
and prn. HME changed QOD and prn. Weaning parameters date
and prn. HME changed QOD and prn. Weaning parameters date
and prn. HME changed QOD and prn. Weaning parameters date
and prn. HME changed QOD and prn. Weaning parameters date NA VC NA Spont VT NA Spont VT NA NiF NA . Weaning: T/C @ NA % or NA LPM increased by NA hr's/day to maximum of NA hours. O ₂ SAT NA ETCO ₂ NA RR NA HR NA during weaning trials. Speaking valve duration NA Recent ABG date NA PH NA PCO ₂ NA PO ₂ NA HCO ₃ NA O ₂ SAT NA . Recent CXR date: NA Results: NA Recent CBC date 3/9/09 WBC 11,4 Hg 3/9 Isolation NA Temperature 10/15 On Antibiotics NA weekly rounds with pulmonary physician(s) Resident is hemodynamically stable. Staff to continue general regimine. Besident is not wearable from mechanical ventilation. Everall prognosis is poor. Summary: Desident is not wearable, Overall prognosis is poor. Will
and prn. HME changed QOD and prn. Weaning parameters date
and prn. HME changed QOD and prn. Weaning parameters date NA VC NA Spont VT NA Spont RR NA NiF NA . Weaning: T/C NA Nor NA LPM increased by NA hr's/day to maximum of NA hours. O ₂ SAT NA ETCO ₂ NA RR NA HR NA during weaning trials. Speaking valve duration NA Recent CXR date: NA Results: WA PH NA . Recent CBC date 2/9/09 WBC 11.4 PCO ₂ NA PO ₂ NA HCO ₃ WA O ₂ SAT NA . Recent CXR date: NA Results: WA LA Recent CBC date 2/9/09 WBC 11.4 Hg 819 Isolation NA Temperature 101.5 On Antibiotics NA . Weekly rounds with pulmonary physician(s) Resident is hemothypamically stable. Staff to continue greent regimine, Bosident is not weanable from mechanical ventilation. Overall prognosis is poor. Summary: Desident is not weanable, Overall prognosis is poor. Will continue to monitor for any N's in respiratory Status. Respiratory Care Practitioner
and prn. HME changed QOD and prn. Weaning parameters date NA VC NA Spont VT NA Spont RR NA NIF NA Weaning: T/C @ NA % or NA LPM increased by NA hr's/day to maximum of NA hours. O ₂ SAT NA ETCO ₂ NA RR NA HR NA during weaning trials. Speaking valve duration NA Recent CXR date: NA Results: NA PCO ₂ NA PO ₂ NA HCO ₃ WA O ₂ SAT NA Recent CXR date: NA Results: NA Recent CBC date 3/9/09 WBC 11,4 Hg 3/9 Isolation NA Temperature 10/15 On Antibiotics NA for treatment of NA Weekly rounds with pulmonary physician(s) Resident is not weanable from mechanical ventilation. Coverall prognosis is poor. Summary: Desident is not weanable, Overall prognosis is poor. Summary: Desident is not weanable, Overall prognosis is poor.

rron, Marion LN: 118244899



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SILVERLAKE NH - STATS

275 Castleton Avenue

Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

Staten Island, NY 10301

Medical Director Patricia R. Romano, M.D. Patricia R. Romano , M. D.

DR. SCEUSA CARL

Specimen #	La	b #	Date	Collected	Date Reco	eived	Date Reported	Sex	Age
R8205298T	1260	017203	10/	26/2008	10/26/	08	10/27/2008	F	78
		J	PATIENT	RESULTS					
Test		Out of Ra	ange	Within	n Range		Reference Range	Units	
Chemistry		7. 7.40						/ 17	
Glucose (grey) FASTINGFasting?		H 142	in for the c	liagnosis of dia	hotos	65-9	99	mg/dL	
(Fasting Gl		Citte	ia ioi the c	nagnosis or dia	betes.				
		l fasting gluce	200						
		ired fasting g							
		ive of diabete							
		:S43-S48, 20							
Urea Nitrogen	ics care 27	.545 540, 20	00	In Prod	2222	9-23	3	mg/dL	
Creatinine		,		0.6			-1.1	mg/dL	
eGFR (calculat	ion)			>60		>60			
		s, multiply E	GFR result						
-b //Creat Ratio		, 1 3		In Proc	cess	5.0-	-30.0		
Sodium				141		132-		mEq/L	
Potassium				In Proc	cess			mEq/L	
Serum Appearan	ce			Clear		Clea	ar	1,	
Chloride				100		99-1		mEq/L	
Carbon Dioxide				In Proc	cess	20-3		mEq/L	
Calcium				9.2			-10.4	mg/dL	
Protein, Total				6.6		6.0-		g/dL	
Albumin				3.4		3.2-		g/dL	
Globulin				3.2		1.9-		g/dL	
I) Ratio A_kaline				1.0		1.0-		Ratio	
				In Proc	cess	45-1	129	IU/L	
Phosphatase AST (SGOT)				Tn Droot		77 /	1.0	TTT / T	
ALT (SGPT)				In Proc	ess	13-4		IU/L IU/L	
Bilirubin, Tota	al			In Proc	1000	10-4		mg/dL	
Hematology	u. I			III FIOC	.055	0.5-	-1.2	mg/all	
White Blood Co	unt.			10.3		4 0-	-11.0	x10^3/	11T.
Red Blood Count		L 3.16)-5.40	x10 ⁶ /	
Hemoglobin		L 9.7					-14.7	a/dI.	
TICHOGIODITI		J . 1							
Hematocrit		L 30.2					0-45.0	000	
				96)-45.0	g/dL % fL	



1, Marion 118244899 130A

Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

> Medical Director Patricia R. Romano, M.D.

2ccount 2512885-121367 Page 1 of

SILVERLAKE NH - STATS 275 Castleton Avenue 10301 Staten Island, NY

SCEUSA CARL DR.

130A	Patricia R. Romano,	M.D.		
	Patrice R. Romen	o, M. A.	norted	Sex Age
		Date Received	Date Reported 10/31/2008	F 78
1.#	Date Collected	120/08	10/31/2	
imen # 1300022	701 10/30/2008 08:05 At		Reference Range	Units
,46937	Wit	hin Range	1CO.	
	Out of Range			mg/dL
Test				mg/

Test Criteria for the diagnosis of diabetes: istry \mathbf{H} cose (grey) INGFasting?No (Fasting Glucose) < 100 mg/dL: Normal fasting glucose 100-125 mg/dL: Impaired fasting glucose > 125 mg/dL: Indicative of diabetes Ref: Diabetes Care 29:S43-S48, 2006 0.6 >60

ea Nitrogen For African-Americans, multiply EGFR result x 1.2 eatinine (calculation) 141 IN/Creat Ratio 4.7

101 odium 31 otassium 9.8 hloride arbon Dioxide 6.5 3.3 alcium rotein, Total 3.2 1.0 Albumin **3lobulin** 225 A/G Ratio H Alkaline 31 H Phosphatase 45 AST (SGOT)

0.2 ALT (SGPT) L Total Bilirubin, Special Chemistry GlycoHgb (Alc) Hematology White Blood Count 2.95

Red Blood Count 9.3 28.2 Hemoglobin Hematocrit MCV

65-99

mg/dL mg/dL 9-23 0.6-1.1 >60 5.0-30.0 mEq/L 132-146 mEq/L 3.5-5.5 mEq/L mEq/L 99-109 mg/dL 20-31 8.5-10.4 g/dL

6.0-8.3 g/dL 3.2-4.8 g/dL 1.9-4.0 Ratio 1.0-2.5 IU/L 45-129 TU/L 13-40 IU/L 10-49 mg/dL 0.3-1.2

4.0-6.0 x10^3/uL 4.0-11.0 x10^6/uL 3.80-5.40 g/dL 11.1-14.7 10/0 34.0-45.0 fL 78-102

96 **COMPLETE REPORT**

5.8

6.3

---ed By Autolims on 10/31/2008 at 11:32 AM



rron, Marion SSN: 118244899 Room: 130A



Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

> Medical Director Patricia R. Romano, M.D. Patricia R. Romano M. D.

Accan Line Santilia 2136706 2 of 2

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. SCEUSA CARL

Specimen #	Lab#	Date Collected	Date Received	Date Reported	Sex	Age
R82346937	1300022701	10/30/2008 08:05 AM	10/30/08	10/31/2008	F	78

	PATIENT	RESULTS		
(Out of Range	Within Range	Reference Range	Units
H H H	31.7 5.9 1.1	33.2 66.4 20.6 6.0 4.2 1.3 0.4 0.4	27.0-31.0 31.0-37.0 40.0-70.0 20.0-40.0 2.0-10.0 1.0-4.0 0.0-1.0 1.6-7.8 1.0-4.5 <1.0 <0.7	pg % % % % % % % % % % % % % % % % % % %
		10.5	8.0-13.0	% fL
	Н	н 5.9	Out of Range Within Range H 31.7 33.2 66.4 20.6 6.0 H 5.9 H 1.1 4.2 1.3 0.4 0.4 0.4 0.1 202 15.2	Out of Range Within Range Reference Range 27.0-31.0 27.0-37.0 33.2 31.0-37.0 66.4 40.0-70.0 20.6 20.6 20.0-40.0 6.0 2.0-10.0 1.0-4.0 0.0-1.0 4.2 1.3 0.4 21.0 0.4 <0.7 0.1 202 150-450 11.0-16.0

Requisition Parameters

Fasting?

These data are acceptable for the patient's clinical/condition. No further follow up necessary at this time.

These data will be monitored for further evaluation, see patient chart.

M.D.

DATE

ron, Marion SSN: 118244899

Test

Room:130A

Siel medical laboratory

Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

> Medical Director Patricia R. Romano, M.D. Patricia R. Romano , M. B.

Page 1 of 2Account 2152 21218011 - 121611

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

Units

DR. SCEUSA CARL

Reference Range

Specimen #	Lab#	Date Collected	Date Received	Date Reported	Sex	Age
R8234475H	1020023701	11/02/2008 05:20 PM	11/02/08	11/03/2008	F	78
		PATIENT RESULTS				

Within Range

Out of Range

***	This	Report	Contains Critical	Values ****	
Chemistry					
Glucose (grey)			91	CF 0.0	m cr / dT
FASTINGFasting?No		Critaria fa		65-99	mg/dL
(Fasting Glucose)		Cineria 10	r the diagnosis of diabetes:		
< 100 mg/dL: Nor	mal fast	ing alvassa			
100-125 mg/dL: In					
> 125 mg/dL: Indi			е		
Ref: Diabetes Care					
Urea Nitrogen	H	52		9-23	mar / dT
Cratinine	L	0.5		0.6-1.1	mg/dL
e/ R (calculation)	11	0.5	>60	>60	mg/dL
For African-Ameri	cane m	ultiply EGER		>60	
BUN/Creat Ratio	H	104.8	result x 1.2	5.0-30.0	
Sodium	**	101.0	142	132-146	mEq/L
Potassium			5.4	3.5-5.5	mEq/L
Chloride			101	99-109	mEq/L
Carbon Dioxide	VH	37	101	20-31	mEq/L
Calcium		0 /	10.0	8.5-10.4	mg/dL
Hematology			10.0	0.9 10.1	mg/ an
White Blood Count			5.7	4.0-11.0	x10^3/uL
Red Blood Count	L	3.06	5.,	3.80-5.40	x10 ⁶ /uL
Hemoglobin	L	9.7		11.1-14.7	g/dL
Hematocrit	L	29.6		34.0-45.0	%
MCA			97	78-102	fL
MCH	H	31.6		27.0-31.0	pg
MF			32.7	31.0-37.0	1,0%
Neucrophils%	H	71.9		40.0-70.0	00
Lymphocytes%			20.0	20.0-40.0	0/0
Monocytes%			5.6	2.0-10.0	0/0
Eosinophils%			2.3	1.0-4.0	%
Basophils%			0.2	0.0-1.0	0/0
Neutrophils, Abs			4.1	1.6-7.8	x10^3/uL
Lymphocytes, Abs			1.1	1.0-4.5	x10^3/uL
Monocytes, Abs			0.3	<1.0	x10^3/uL
Eosinophils,			0.1	< 0.7	x10^3/uL
		COM	PLETE REPORT		

pnerated By Autolims on 11/03/2008 at 05:56 AM

Repo

Pula

ron, Marion SSN: 118244899

Room:130A

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Page

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SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. SCEUSA CARL

Medical Director
Patricia R. Romano, M.D.

Brooklyn Navy Yard, Building 292

63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

Patricia R. Romano, M. D.

Specimen #	Lab#	Date Collected	Date Received	Date Reported	Sex Age				
R8234475H	1020023701	11/02/2008 05:20 PM	11/02/08	11/03/2008	F 78				
Test	Out of I	PATIENT RESULTS Range Within	Range	Reference Range	Units				
) Test		ort Contains Cri			Omis				
Absolute Basophils, Ab Platelets RDW-CV MPV	os.	0.0 180 14.7 11.3	11.	3 -450 0-16.0 -13.0	x10^3/uL x10^3/uL % fL				
Requisition Parameters Fasting? -									
M.D		linical condition. No furt	DATE	essary at this time.					
Th data will be mo	onitored for further ev	aluation, see patient chart	DATE						

COMPLETE REPORT

Repo

ron, Marion SSN: 118244899

Room:130A

Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

> Medical Director Patricia R. Romano, M.D. Patricis R. Romano, M. D.

Page 1 of 1Account 2573772463-122381

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. MCCARTHY JOHN

Specimen #	Lab#	Date C	Collected	Date Rece	eived	Date Reported	Sex	Age
R8234635M 1	090012201	11/09/2008	3 02:48 PM	11/09/	08	11/09/2008	F 78	
		PATIENT	RESULTS					
Test	Out of I	Range	Within	Range	R	deference Range	Units	
100-125 mg/dL:		cose glucose	agnosis of diab	petes:	65-9!	9	mg/dL	
> 125 Ilig/dL: Ili	are 29:S43-S48, 2	006						
Urea Nitrogen Creatinine eGTR (calculation) For African-Ame	н 51		0.6 >60 x 1.2		9-23 0.6-3 >60		mg/dL mg/dL	
Bun/Creat Ratio Sodium Potassium Chloride Carbon Dioxide Calcium	н 85.		142 4.8 102		5.0-3 132-3 3.5-1 99-10 20-33	146 5.5 09 1	mEq/L mEq/L mEq/L mEq/L mg/dL	
Hematology White Blood Count Red Blood Count Hemoglobin Hematocrit P elets	L 2.8 L 9.3 L 27.	'	7.5	9.2 25.6	11.1	-5.40 -14.7 -45.0	x10^3/uL x10^6/uL g/dL % x10^3/uL	
garden.	**R	equisiti	on Param	eters**				
Fasting? - No These data are acceptable fo M.D.	r the patient's c	linical condit	ion. No furth	ner follow u DATE	ıp necess	eary at this time.		
These data will be monitored M.D.	d for further eva	duation, see	patient chart.	DATE _		,K		

COMPLETE REPORT

Report Generated By Autolims on 11/09/2008 at 07:25 PM

Autolims Clinical Laboratory Information System Ver. 2.42.00 by Netlim

2537243-12238102

rron, Marion 22N: 118244899

Room:130A



Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

> Medical Director Patricia R. Romano, M.D. Patricia R. Romano, M. D.

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SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

MCCARTHY

Specimen #	Lab#	Date Collected	Date Received	Date Reported	Sex Age
R82049223	1120134002	11/12/2008 03:48 PM	11/12/08	11/12/2008	F 78
Test		PATIENT RESULTS TESULTS Original Range Within			
	**** This Rep	ort Contains Cri	itical Value	s ****	
Chemistry					
Glucose (grey FASTINGFasting (Fasting C	?No Crit	eria for the diagnosis of dia	65- betes:	99	mg/dL
100-125 n	ng/dL: Impaired fasting	glucose			
	dL: Indicative of diabe				
Ref: Diabo	etes Care 29:S43-S48, 2	006		-0	
Urea Nitrogen Creatinine	H 54	0 7	9-2		mg/dL
e ? (calculat	-ion)	0.7 >60		-1.1	mg/dL
	in-Americans, multiply		>60		
BUN/Creat Rati	io H 77.		5.0	-30.0	
Sodium		141			mEq/L
Potassium		5.2			mEq/L
Chloride		100	99-1		mEq/L
Carbon Dioxide	VH 37		20-3		mEq/L
Calcium		9.9			mg/dL
Hematology					
White Blood Co		10.8	4.0	-11.0	x10^3/uL
Red Blood Cour					x10^6/uL
Hemoglobin	L 10.	4		1-14.7	g/dL
Hematocrit	L 31.		34.0	0-45.0	g/dL %
Platelets	()	247	150-	-450	x10^3/uL
Reported to: Silverlake Fasting? - No	e NH - Stats at 11/12 e NH - Stats at 11/12 **R	/08 06:56 PM equisition Param	eters**	led	
These data are acceptal M.D.	ble for the patient's cl	inical condition. No furth		ssary at this time.	
	nitored for further ave	luation, see patient chart	DATE		
M D	mored for fulfiller eva	ination, see patient chart.			

COMPLETE REPORT

DATE

Page 1 of 2 ccount 25 502 56 - 123179

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. MCCARTHY JOHN

Patient Information

rron, Marion N: 118244899

> Medical Director Patricia R. Romano, M.D. Patricia R. Romano, M. D.

Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

Specimen #	Lab#	Date C	ollected	Date Receiv	ved	Date Reported	Sex	Age
R8234680G 11	60010502	11/1	6/2008	11/16/0	8 0	11/16/2008	M	78
		PATIENT	RESULTS					
Test)	Out of Range		Within	Within Range		Reference Range	Units	
Chemistry Iron Iron Binding Capacity Iron Saturation (%) Ferritin Transferrin Special Chemistry Vitamin B12			70 310 23 48 264.2		211-	450 5 22 0-380.0 911	ug/dL ug/dL % ng/mL mg/dL	
Folate			22.2		>5.4	nce Range:	ng/mL	
Hematology					Deficie Indeter	ent < 3.4 ng/mL eminate: 3.4 -5.4 ng/mL d > 5.4 ng/mL	/mL	
White Blood Count Red Blood Count Hemoglobin Hematocrit MCV MCH MCHC Neutrophils% Lomphocytes% Mocytes% Eosinophils% Basophils% Neutrophils, Abs Lymphocytes, Abs Monocytes, Abs Eosinophils, Absolute	H 11. L 3.2 L 10. L 31. H 31. H 83. L 10.	26 .3 .9 .5 .2 .3	98 32.2 3.5 2.8 0.2 1.1 0.4 0.3		4.20 12.5 38.0 78-1 27.0 31.0 40.0 20.0	-31.0 -37.0 -70.0 -40.0 10.0 4.0 1.0 7.8 4.5	x10^3/ x10^6/ g/dL % fL pg % % % % x10^3/ x10^3/ x10^3/	uL uL uL
Basophils, Abs. Platelets		. + GOMPT EM	0.0 298	l de de	<0.3 150-		x10 ³ /x10 ³ /	

COMPLETE REPORT

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Patient Information

irron, Marion SN: 118244899



Page

of 2 Acc**25522663**atib2317923

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. MCCARTHY JOHN

Medical Director Patricia R. Romano, M.D.

Brooklyn Navy Yard, Building 292

63 Flushing Avenue, Brooklyn, New York 11205

718-552-1000 Fax 718-552-1022

Patricia R. Romano, M. D.

Specimen #	Lab#	Date Collected	Date Rec	ceived Date Report	ed Sex Age
R8234680G	1160010502	11/16/20	08 11/16,	/08 11/16/2	008 M 78
		PATIENT RESU	ULTS		
Test	Out of R	ange	Within Range	Reference Ran	ge Units
RDW-CV		14.	4	11.0-16.0	%
MPV Reticulocytes		10. 1.4	5	8.0-13.0 0.5-2.5	fL %
These data are acceptab M.D.	le for the patient's cl	inical condition. N	o further follow DATE	up necessary at this ti	me.
These data will be moni	tored for further eva-	uation, see patient	chart.		
M.D			DATE _		

COMPLETE REPORT

perated By Autolims on 11/16/2008 at 08:50 PM

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Karron, Marion N: 118244899



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> Medical Director Patricia R. Romano, M.D. Patricia R. Romeno, M. D.

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. SCEUSA CARL

Specimen #	h.	Lab #		Date C	ollected	Date Recei	ived	Date Reported	S	ex		Age	
R8234329V		1230011301	1	1/2	3/2008	11/23/0	8 0	11/23/2008	M		78		
			PATIEN	IT	RESULTS								

			A A A A A A A A A A A A A A A A A A A	REDUCERD		
Test	Out of Range		ige	Within Range	Reference Range	Units
Hetology			,			
White Blood Count			NAME	10.0	4.0-11.0	x10^3/uL
Red Blood Count	L	3.21			4.20-6.00	x10^6/uL
Hemoglobin	L	10.1	10.3		12.5-16.1	g/dL
Hematocrit	L	31.1	319		38.0-52.0	000
MCV				97	78-102	fL
MCH	H	31.6			27.0-31.0	pg
MCHC				32.6	31.0-37.0	D1 010 010 010 010 010 010
Neutrophils%	H	84.8			40.0-70.0	000
Lymphocytes%	L	8.8			20.0-40.0	%
Monocytes%				3.0	2.0-10.0	90
Eosinophils%				2.7	1.0-4.0	00
F'cophils%				0.6	0.0-1.0	
trophils, Abs	H	8.5			1.6-7.8	x10^3/uL
Lymphocytes, Abs	\mathbf{L}	0.9			1.0-4.5	x10^3/uL
Monocytes, Abs				0.3	<1.0	x10^3/uL
Eosinophils,				0.3	<0.7	x10^3/uL
Absolute					0.0	1000
Basophils, Abs.				0.1	< 0.3	x10^3/uL
Platelets				239	150-450	x10^3/uL
RDW-CV				14.4	11.0-16.0	0/0
MPV				10.9	8.0-13.0	fL

These data are acceptable for the patient's clinical condition. No further follow up necessary at this time. DATE

These data will be monitored for further evaluation, see patient chart.

M.

DATE

arron, Marion SN: 118244899 Room: 132A



Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

> Medical Director Patricia R. Romano, M.D. Patricia R. Romano, M. D.

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SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. SCEUSA CARL

Specimen #	Lab#	Date (Collected	Date Received	Date Reported	Sex	Age				
R82052925	1240049901	11/24/200	08 09:25 AM	11/24/08	11/24/2008	M	78				
		PATIENT	RESULTS								
Test	Out of I	Range	Within	Range	Reference Range	Units					
)	10/22br										
Endocrinology Thyroxine (T4) T3-Uptake FTI (T7) TSH 3rd Genera	H 40.	0	8.7 3.5 3.66	Ψ 2 1	.5-10.9 2.5-37.0 .5-3.9 .35-5.50	ug/dL % ng/dL uIU/mL					
These data are acceptable for the patient's clinical condition. No further follow up necessary at this time. M.D. DATE These data will be monitored for further evaluation, see patient chart. M.D. DATE											

al zeller

rron, Marion 3N: 118244899 Room: 130A

Neutrophils%

Lymphocytes%

Monocytes%

MPV

Spiel Inducatory

Page 1 of Account 2574261-124173

Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

Medical Director
Patricia R. Romano, M.D.
Patricia R. Romano, M. D.

DR. SCEUSA CARL

Specimen #		Lab#	Date (Collected	Date Recei	ved	Date Reported	Sex	Age
R82051929	125	50024301	11/25/200	8 09:02 AM	11/25/	08	11/25/2008	M	78
			PATIENT	RESULTS		,			
Test		Out of I	Range	Within	Range		Reference Range	Units	
Hematology				il	173 W8				
White Blood C				7.8		4.0-		x10^3/	
Red Blood Cou	ınt	L 3.0			(x10^6/	uL
Hemoglobin		L 9.6	/	(0			5-16.1	g/dL %	
Hematocrit		L \ 29.	6		1.(
MCV				97		78-1	L02	fL	
MCH		н 31.	7			27.0	0-31.0	pg %	
MCHC				32.6		31.0	0-37.0	%	

' \inophils% 1.0-4.0 ophils% 0.2 0.0-1.0 x10^3/uL Neutrophils, Abs 5.3 1.6-7.8 x10³/uL x10³/uL x10³/uL 1.7 Lymphocytes, Abs 1.0 - 4.5Monocytes, Abs 0.5 <1.0 Eosinophils, 0.3 < 0.7 Absolute x10^3/uL Basophils, Abs. 0.0 < 0.3 Platelets 214 150-450 x10^3/uL RDW-CV 14.3 11.0-16.0

9.3

67.2

21.3

6.9

These data are acceptable for the patient's clinical condition. No further follow up necessary at this time.

M.D. DATE

data will be monitored for further evaluation, see patient chart.

M. ...

DATE

COMPLETE REPORT



40.0-70.0

20.0-40.0

2.0-10.0

8.0-13.0

fL

rron, Marion 118244899 kJon: 130A



Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

> Medical Director Patricia R, Romano, M.D. Patricia R. Romano, M. D.

Page 1 of 1\(\)ccount 2\(\)507-8\(\)2\(\)6\(\)5\(-124519\)

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

SCEUSA CARL

	7-13-1			The state of the s		
Specimen #	Lab#	Date Collected	Date Received	Date Reported	Sex	Age
R8205255B	1290005001	11/29/2008 09:04 AM	11/29/08	11/29/2008	M	78

		PATIENT	RESULTS		
Test		Out of Range	Within Range	Reference Range	Units
)					
Hematology					
White Blood Count			8.7	4.0-11.0	x10^3/uL
Red Blood Count	L	3.03		4.20-6.00	x10^6/uL
Hemoglobin	L	9.7		12.5-16.1	g/dL %
Hematocrit	\mathbf{L}	30.1		38.0-52.0	
MCV			99	78-102	fL
MCH	H	32.0		27.0-31.0	pg ob ob ob
MCHC			32.3	31.0-37.0	00
Neutrophils%	H	78.9		40.0-70.0	0/0
Lymphocytes%	\mathbf{L}	11.3		20.0-40.0	0/0
Monocytes%			5.7	2.0-10.0	0/0
Ec inophils%			3.5	1.0-4.0	00
B. ohils%			0.6	0.0-1.0	00
Neur ophils, Abs			6.8	1.6-7.8	x10^3/uL
Lymphocytes, Abs			1.0	1.0-4.5	x10^3/uL
Monocytes, Abs			0.5	<1.0	x10^3/uL
Eosinophils,			0.3	< 0.7	x10^3/uL
Absolute					
Basophils, Abs.			0.1	< 0.3	x10^3/uL
Platelets			175	150-450	x10^3/uL
RDW-CV			14.1	11.0-16.0	%
MPV			11.5	8.0-13.0	fL

These data are acceptable for the patient's clinical condition. No further follow up necessary at this time.

DATE

These data will be monitored for further evaluation, see patient chart.

M.D.

DATE

Karron, Marion N: 118244899



Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

> Medical Director Patricia R. Romano, M.D. Patricia R. Romeno, M. D.

Page 1 of 2ccount 25983777-125509

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. SCEUSA CARL

Specimen #	Lab#	Date Collected	Date Received	Date Reported	Sex	Age
R82052496	1090021501	12/09/2008 08:10 AM	12/09/08	12/09/2008	M	78
Test	Complete R Out of F	PATIENT RESULTS esults Originall Range Within	y Reported Range	on 12/09/2008 Reference Range	12:59 Units	PM

Chemistry Iron 40 50-175 uq/dL Iron Binding 349 250-450 ug/dL Capacity Iron Saturation L 11 20 - 55(%) L Ferritin 44 22-322 ng/mL Transferrin 275.7 215.0-380.0 mg/dL Hematology White Blood Count 6.6 4.0-11.0 x10^3/uL Red Blood Count 3.34 L 4.20-6.00 x10^6/uL pglobin 10.4 L 12.5-16.1 g/dL h. atocrit L 32.4 38.0-52.0 MCV 97 78-102 fL MCH 31.1 27.0-31.0 pg MCHC 32.0 31.0-37.0 00 Neutrophils% 69.9 0/0 40.0-70.0 Lymphocytes% L 18.9 00 20.0-40.0 Monocytes% 7.0 0/0 2.0-10.0 Eosinophils% 4.0 1.0-4.0 Basophils% 0.1 0.0-1.0 00 Neutrophils, Abs 4.6 x10^3/uL x10^3/uL 1.6-7.8 Lymphocytes, Abs 1.3 1.0 - 4.5Monocytes, Abs 0.5 x10^3/uL <1.0 Eosinophils, 0.3 < 0.7 x10^3/uL Ahaolute E bphils, Abs. 0.0 < 0.3 x10^3/uL Platelets 223 x10^3/uL 150-450 RDW-CV 14.1 11.0-16.0 MPV 10.9 fL 8.0-13.0 Reticulocytes 1.0 0.5 - 2.5

Karron, Marion
Code: 746963
bm:130A

Specimen #



Page 1 of Account 2626858-126971

Brooklyn Navy Yard, Building 292
63 Flushing Avenue, Brooklyn, New York 11205
718-552-1000 Fax 718-552-1022

Date Received

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

Medical Director Patricia R. Romano, M.D.

Patrice R. Romano, M. D.

DR. SCEUSA CARL

Date Reported

100						
	R8205250M	1230031901	12/23/2008 08:55 AM	12/23/08	12/23/2008	F
w. j. j.	Test	Complete R Out of F	PATIENT RESULTS esults Originall Range Within	y Reported of Range	on 12/23/2008 Reference Range	12:58 PM Units
T:	docrinology hyroxine (T4) 3-Uptake	н 38.	8.6 1		-10.9 5-37.0	ug/dL %
T	SH 3rd Genera 3, Total 4, Free	tion	1.47 77 1.5	60-1	181	uIU/mL ng/dL ng/dL
	and control to the control of				Reference range upda	J .
		ole for the patient's cl	inical condition. No furth	_	ssary at this time.	
M.]	D.			DATE		
Th	ese data will be mon	itored for further eva	luation, see patient chart			

2/24/

DATE

ron, Marion Code: 746963

Room:130A



Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

> Medical Director Patricia R. Romano, M.D. Patricia R. Romeno, M. D.

Page 1 of 2_{Account}26631669-128242

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. SCEUSA CARL

	Specimen #	Lab#	Date	Collected	Date Rece	ived	Date Reported	Sex	Age
	R83788433F	10600595	02 01/06/200	9 08:15 AM	01/06/	2009	01/12/2009	F	
			PATIENT	RESULTS					
	Test	Oı	it of Range	Withir	n Range]	Reference Range	Units	
T	[a a. 4 a.] a. a								
	lematology White Blood Count Red Blood Count Hemoglobin Hematocrit MCV	nt H	12.6	3.92 12.5 40.0 102		3.80 11.1	-45.0	x10^3/u x10^6/u g/dL % fL	
	MCH MCHC	H	32.0	31.3		27.0	-31.0 -37.0	ba %	
	Neutrophils% Lymphocytes%		80.8 12.6			40.0	-70.0 -40.0	ماه ماه ماه ماه	
	Monocytes% E !nophils%	L	0.7	5.5		1.0-			
	E. bphils% Neutrophils, Aba Lymphocytes, Aba Monocytes, Aba Eosinophils, Absolute		10.2	0.3 1.6 0.7 0.1		0.0- 1.6- 1.0- <1.0 <0.7	7.8 4.5	% x10^3/u x10^3/u x10^3/u x10^3/u	.L .L
	Basophils, Abs. Platelets RDW-CV MPV			0.0 340 12.6 10.6		<0.3 150- 11.0 8.0-	450 -16.0	x10^3/u x10^3/u % fL	

COMPLETE REPORT

Re;

gron, Marion Code: 746963 Room: 130A

Page 2 of 2

Ac266316971212824203

Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

Medical Director Patricia R. Romano, M.D.

DR. SCEUSA CARL

Patricia R. Romano M. D.

	Specimen #		Lab #	Date (Collected	Date Received	Date Reported	Sex	Age	
	R83788433F	10	60059502	01/06/2009	9 08:15 AM	01/06/2009	01/12/2009	F		
				PATIENT	RESULTS					_
	Test		Out of	Range	Within	Range	Reference Range	Units		
В	lood Culture									
A	naerobic bottle	e te	st - No	growth	after 5 d	days				

These data are acceptable for the patient's clinical condition. No further follow up necessary at this time.

DATE

These data will be monitored for further evaluation, see patient chart. Μ.

Aerobic bottle test - No growth after 5 days

DATE

rren, Marian SML Code: 751763 Room:148A



Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

> Medical Director Patricia R. Romano, M.D. Patricia R. Romano, M. D.

Acc21615 5110515ati112833335 2 of 2

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. SCEUSA CARL

Specimen #		Lab#	Date (Collected	Date Receive	ed	Date Reported	Sex	Age
R83788976	1	060133801	01/	06/2009	01/06/2	009	01/08/2009	F	
* ,			PATIENT	RESULTS					

Test

Out of Range

Within Range

Reference Range

Units

Urine Culture

* Culture Results * *

NOGROWTH

These	data are acceptable for the patient's clinical condition. No further follow up necessary at this time.
M	DATE
TI.	data will be monitored for further evaluation, see patient chart.
M.D.	DATE _

COMPLETE REPORT

Rep.

Karren, Marian
GML Code: 751763
Om:148A



Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

> Medical Director Patricia R. Romano, M.D. Patricia R. Romano, M. D.

Page 1 of Account 1473 A 6011 12827462

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. SCEUSA CARL

Specimen #	Lab#	Date Collected	Date Received	Date Reported	Sex	Age
R83788976	1060133801	01/06/2009	01/06/2009	01/07/2009	F	
		DATIENT DESILTS				

103,003,0	017	00/2009 01/0	01/2005	
	PATIENT	RESULTS		
Test	Out of Range	Within Range	Reference Range	Units
U. alysis				
Color, Urine		Yellow	Yellow-Straw	
Appearance, Urine		Clear	Clear	
pH, Urine		6.5	5.0-8.0	
Specific Gravity		1.019	1.005-1.030	R.I.
Bilirubin, Urine		NEGATIVE	NEGATIVE	
Blood, Urine		NEGATIVE	NEGATIVE	
Leuk. Esterase, U		NEGATIVE	NEGATIVE	
Nitrites, Urine		NEGATIVE	NEGATIVE	
Glucose, Urine		NEGATIVE	NEGATIVE	mg/dL
Ketones, Urine		NEGATIVE	NEGATIVE	mg/dL
Protein, Urine		NEGATIVE	NEGATIVE	mg/dL
Urobilinogen, U		0.2	0.0-1.0	mg/dL
U p Microscopic				
L.C. Urine		0 - 5	<5	/HPF
WBC, Urine		None seen	< 5	/HPF
Bacteria, Urine		None seen	None seen	/HPF
Epithelial Cells		None seen	None seen	/HPF
Crystals		None seen	None seen	/HPF
Yeast		None seen	None seen	/HPF

Mala



rren, Marian SML Code: 751763 Room:148A Siel medical laboratory

Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

> Medical Director Patricia R. Romano, M.D. Patricia R. Romano, M. D.

Page 1 of 2 ccount 2655455-128333

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. SCEUSA CARL

Specimen #	Lab#	Date Collected	Date Received	Date Reported	Sex	Age
R83788976	1060133801	01/06/2009	01/06/2009	01/08/2009	F	
	D/	TIENT DECLITS				

RESULTS Reference Range Units Test Out of Range Within Range Urinalysis Color, Urine Yellow Yellow-Straw Clear Appearance, Urine Clear pH, Urine 6.5 5.0-8.0 Specific Gravity 1.019 1.005-1.030 R.I. Bilirubin, Urine NEGATIVE NEGATIVE Blood, Urine NEGATIVE NEGATIVE Leuk. Esterase, U NEGATIVE NEGATIVE Nitrites, Urine NEGATIVE NEGATIVE Glucose, Urine mg/dL NEGATIVE NEGATIVE Krones, Urine mg/dL NEGATIVE NEGATIVE tein, Urine mg/dL NEGATIVE NEGATIVE Urobilinogen, U 0.2 0.0-1.0 mg/dL Urine Microscopic RBC, Urine WBC, Urine 0 - 5< 5 /HPF < 5 /HPF None seen Bacteria, Urine /HPF None seen None seen Epithelial Cells None seen /HPF None seen Crystals None seen None seen /HPF Yeast None seen None seen /HPF

COMPLETE REPORT

A Wh

rron, Marion L Code: 746963

Room:130A



Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

> Medical Director Patricia R. Romano, M.D. Patricia R. Romano, M.D.

Page 1 of 2 ccount 2,664,978-128921

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. MCCARTHY JOHN

		1	G. II			D . D I		
Specimen #	Lab #	Date	Collected	Date Recei	ved	Date Reported	Sex	Age
R8376434	1120211201	01/12/200	9 04:25 PM	01/12/	2009	01/13/2009	F	
		PATIENT	RESULTS					
Test	Out of	Range	Within	Range	R	Reference Range	Units	
Chemistry Glucose	н /17		F1			0	/ JT	
	ne diagnosis of diat				65-9	9	mg/dL	
(Fasting Gluc		ocies.						
	: Normal fasting g	lucose						
100-125 mg/c	dL: Impaired fasting	g glucose						
> 125 mg/dL	: Indicative of dial	etes						
	Care 29:S43-S48,							
Urea Nitrogen	Н 68				9-23		mg/dL	
Creatinine			0.6		0.6-	1.1	mg/dL	
BUN/Creat Ratio	н (11	2.5			5.0-			
s jium	Н 14				132-	146	mEq/L	
Sodium level	s may be elevated of	lue to a variety	of preanalytic	al factors. Di	agnos-			
e in light of c	linical observation	s, other tests a		ory			/	
Chloride			5.1 109		3.5-		mEq/L	
Carbon Dioxide	н 35	-	109		99-1 20-3		mEq/L	
Calcium	11 55	(9.6		8.5-		mEq/L mg/dL	
Protein, Total			6.6		6.0-		g/dL	
Albumin			3.6		3.2-		g/dL	
Globulin			3.0		1.9-		g/dL	
A/G Ratio			1.2		1.0-		Ratio	
Alkaline	Н 13	9 -			45-1		IU/L	
Phosphatase	H						,	
AST (SGOT)			34		13-4	0	IU/L	
ALT (SGPT)	н (50)				10 - 4		IU/L	
F irubin, Total H atology	L 0.2	2			0.3-	1.2	mg/dL	
H Atology White Blood Cour	+ 11 10/							
Red Blood Count	L 12				4.0-		x10^3/u	
Hemoglobin	L 10					-5.40	x10^6/u	L
Hematocrit	L 33					-14.7 -45.0	g/dL	
Platelets		/	222		150-		x10^3/u	Τ.
						100	1110 J/U	



Karron, Marion SML Code: 746963 Room:130A

Page 1 of 2 Accor2617/17/17/18/2010/12956089

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. MCCARTHY JOHN

Medical Director Patricia R. Romano, M.D.

Brooklyn Navy Yard, Building 292

63 Flushing Avenue, Brooklyn, New York 11205

718-552-1000 Fax 718-552-1022

Patricia R. Romano, M. D.

	Specimen #	Lal	b #	Date Co	ollected	Date Receiv	ed	Date Reported	Sex	Age
	R8376434	1120	211201	01/12/2009	9 04:25 PM	01/12/	2009	01/18/2009	F	78
				PATIENT	RESULTS		•			,
	Test		Out of	Range	Within	Range	I	Reference Range	Uni	ts
	Classications									
	Chemistry	*******	77 17	2			C = 1		/ 77	
	Glucose Critorio fo	r the diagno	H 17				65-9	99	mg/dl	Ц
	(Fasting G		osis of dial	betes:						
		dL: Norma	al fasting o	lucose						
	100-125 m	ig/dL: Impa	aired fastin	g glucose						
	> 125 mg/	dL: Indicat	tive of dial	oetes						
	Ref: Diabe									
	Urea Nitrogen		H 68				9-23	3	mq/d]	
	Creatinine				0.6			-1.1	mg/dI	
- bearing	BUN/Creat Rati			2.6				-30.0		
	Sodium		H 14					-146	mEq/I	
				lue to a variety			agnos-			
		of clinical o	bservation	s, other tests an		ory			,	
	Potassium				5.1		3.5		mEq/I	
	Chloride Carbon Dioxide	,			109		99-1		mEq/I	
	Calcium		H 35		9.6		20-3		mEq/I	
	Protein, Total				6.6		6.0-	-10.4	mg/dI	_
	Albumin				3.6		3.2-		g/dL g/dL	
	Globulin				3.0	·	1.9-		g/dL	
	A/G Ratio				1.2		1.0-		Ratio	
	Alkaline	1	H 13	9			45-1		IU/L	
	Phosphatase	· · · · ·]	H							
	AST (SGOT)				34		13-4	ł O	IU/L	
	ALT (SGPT)		H 50				10-4	19	IU/L	
	Bilirubin, Tot	al 1	L 0.:	2			0.3-	-1.2	mg/dI	
	Hematology			_						,
	White Blood Co		H 12					-11.0	x10^3	J/uL
	Red Blood Coun Hemoglobin		L 3.3)-5.40	x10^6	/uL
	Hematocrit		L 33					1-14.7	g/dL %	
	Platelets	,	u 55	. 0	222		150-	150	x10^3	/11T
					444		TOU-	± J U	VIO 2	/ UL



rron, Marion L Code: 746963 Room:130A

Μ.

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Page 2

Brooklyn Navy Yard, Building 292
63 Flushing Avenue, Brooklyn, New York 11205

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

26:71717B1B)r111219156089

Medical Director Patricia Ř. Romano, M.D.

718-552-1000 Fax 718-552-1022

Patricia R. Romano, M. D.

DR. MCCARTHY JOHN

Specimen #	Lab #	Date C	ollected	Date Recei	ived	Date Reported	Sex	Age		
R8376434	1120211201	01/12/2009	9 04:25 PM	01/12/	2009	01/18/2009	F	78		
		PATIENT	RESULTS							
Test	Out of R	ange	ange Within Range		Reference Range		Units			
Blood Culture										
Anaerobic bottle	e test - No	growth	after 5	days						
Aerobic bottle t	test - No g	rowth af	ter 5 da	ays						
		equisiti	on Comme	ents**						
Accessioning: Non Fastin		liniaal aandi	tion NI - Court	I C . 11						
These data are acceptable M.D.	ie for the patient's c	imicai condi	tion. No furt	ner follow t DATE	ip neces	ssary at this time.				
The data will be monitored for further evaluation, see patient chart.										

Cilial

DATE

rron, Marion L.L Code: 746963 Room: 130A



Page 1 of 2 Accord 12215 in 12917002

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

/HPF

/HPF

DR.MCCARTHY

Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

> Medical Director Patricia R. Romano, M.D. Patricia R. Romeno M. D.

Specimen #	Lab#	Date	Collected	Date Received	I Date Reported	Sex	Age
R83786450	1130139	301 01/	13/2009	01/13/20	009 01/15/2009	F 78	
		PATIENT	RESULTS				
Test Out of Range		Out of Range	Within Range		Reference Range	Units	
Urinalysis							
Color, Urine			Yellow	7	Yellow-Straw		
Appearance, Urine pH, Urine Specific Gravity Bilirubin, Urine			Clear		Clear		
			6.0 1.026 NEGATIVE		5.0-8.0	D 7	
					L.005-1.030 NEGATIVE	R.I.	
Blood, Urine	.10		NEGATIVE		JEGATIVE		
Leuk. Esterase,	, U		NEGATIV		JEGATIVE		
Nitrites, Urine			NEGATIV		IEGATIVE		
Glucose, Urine			NEGATIV	Æ 1	IEGATIVE	mg/dL	
Ketones, Urine			NEGATIV		IEGATIVE	mg/dL	
P tein, Urine	H	30	0 0		VEGATIVE	mg/dL	
U. bilinogen, U),		0.2	(0.0-1.0	mg/dL	
Urine Microscopic RBC, Urine			0 5			/IIDH	
WBC, Urine			0-5 None se		:5 :5	/HPF /HPF	
Bacteria, Urine	2		None se		lone seen	/HPF	
Epithelial Cell			None se		Jone seen	/HPF	

None seen

None seen

None seen

None seen

COMPLETE REPORT

Crystals

Yeast

			79000

rron, Marion L.IL Code: 746963 Room: 130A



Page 2 of 2

Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

3672215 12917002

Medical Director Patricia R. Romano, M.D. Patricia R. Romens, M. D.

718-552-1000 Fax 718-552-1022

DR.MCCARTHY

Specimen #	Lab#	Date (Collected	Date Received	Date Reported	Sex		Age	
R83786450	1130139301	01/	13/2009	01/13/200	09 01/15/2009	F	7	8	
		PATIENT	RESULTS						_

Test

Out of Range

Within Range

Reference Range

Units

Urine Culture - Regular Urine

No Growth

These data are acceptable for the patient's clinical condition. No further	ther follow up necessary at this time	
M.D.	DATE	
These data will be monitored for further evaluation, see patient chart.	t.	
M	DATE	
/	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

COMPLETE REPORT

enerated By Autolims on 01/15/2009 at 03:11 PM

Autolims Clinical Laboratory Information System Ver. 3.02 by Netlims 2672215-12917002

Distribution Information

Rep

Silverlake NH - Stats 275 Castleton Avenue Staten Island, NY 10301

rron, Marion
. N: 118244899
Room: 130A



Page

L of 1 Acco**267991893**tio12961243

Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

Medical Director Patricia R. Romano, M.D. Patricia R. Romano, M. D.

DR. MCCARTHY

Specimen #	Lab#	Date Collected	Date Received	Date Reported	Sex Age
R8378578N	1190035401	01/19/2009 08:20 AM	01/19/2009	01/19/2009	M 78
		PATIENT RESULTS			
Test	Out o	Range Within	n Range I	Reference Range	Units
Transmitted in the second		port Contains Cri			
. , ,	IIIIs ke	port contains cri	.crcar varues		
Chemistry					
Glucose (grey)	Н 15	6	65-9	19	mg/dL
Fasting?	No				3,
Criteria for	the diagnosis of dial	petes:			
(Fasting Gl					
	tl.: Normal fasting g				
	g/dL: Impaired fastir				
	dL: Indicative of dial				
	tes Care 29:S43-S48,				
Urea Nitrogen	VH 71		9-23		mg/dL
Confirmed		_	0 1	1 0	/ 7=
Creatinine	L 0.		0.7-	1.3	mg/dL
eGFR (calculat:		>60	>60		
		y EGFR result x 1.2	Г 0	30.0	
BUN/Creat Ration) H 14	1.2 146	132-		mEq/L
Potassium		5.0	3.5-		mEq/L
Chloride		103	99-1		mEq/L
Carbon Dioxide	VH 38	103	20-3		mEq/L
Confirmed	VII 50		20 3	_	11119/11
Calcium		10.0	8.5-	10.4	mg/dL
	**	Requisition Comme			J,
Accessioning:Non Fastin	ıg	-			
		clinical condition. No furt	her follow up neces	sary at this time.	
M.D.			DATE		
These data will be moni	tored for further e	valuation, see patient chart			
M.D			DATE		

COMPLETE REPORT

Repo

rron, Marion L Code: 746963

Room:130A



Page

1 of 1 Acco**26 hAD ma**tiol 2945109

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. SCEUSA CARL

Medical Director Patricia R. Romano, M.D.

63 Flushing Avenue, Brooklyn, New York 11205

718-552-1000 Fax 718-552-1022

Patricis R. Romano, M. D.

Specimen #	Lab#	Date Collected	Date Received	Date Reported	Sex Age
R8378606A	1160033701	01/16/2009 08:10 AM			F 78
	Complete.	Resplica Original	ly Reported o	on 01/16/2009	01:09 PM
Test	Out of			Reference Range	Units
	**** This Re	port Contains Cr	itical Values	3 ****	
Chemistry					
Glucose (gre	у) н 13:	3	65-9	99	mg/dL
Fasting?	Not Pro				mg/ an
	for the diagnosis of diab	netes.	W DY M P M 9-23	^	,
	g Glucose)	retes.	1190	1	
	ng/dL: Normal fasting g	lucose 1.1	10 0	days	
100-125	5 mg/dL: Impaired fasting	g glucose	1. Lx	10109	
>125 r	ng/dL: Indicative of diab	etes III	est Dy	1119121	
	abetes Care 29:S43-S48,	2006	ami	1/1/	
Urea Nitroger		64 1	17 9-23	}	mg/dL
Confirm					
C atinine		0.6	0.6-	1.1	mg/dL
e R (calcula	ation)	>60	>60		37
For Afr	ican-Americans, multiply	y EGFR result x 1.2			
BUN/Creat Rat		7.5	5.0-	-30.0	
Sodium		144	132-	-146	mEq/L
Potassium		5.2	3.5-		mEq/L
Chloride		105	99-1		mEq/L
Carbon Dioxio			20-3		mEq/L
Calcium	ente de de Linder Clark	9.9	8 5-	10.4	mg/dL
Protein, Tota	al	6.0	6.0-		g/dL
Albumin		3.3	3.2-		g/dL
Globulin		2.7	1.9-		g/dL
A/G Ratio		1.2	1.0-		Ratio
Alkaline		125	45-1		IU/L
Phosphatase					
AST (SGOT)		31	13-4	: 0	IU/L
ALT (SGPT)		46	10-4	. 9	IU/L
Bilirubin, To	otal L 0.2	2	0.3-	1.2	mg/dL
These data are accep M.D.	table for the patient's	clinical condition. No furt	די אי ידי די	-	
These data will be m	onitored for further ev	aluation, see patient chart			
			-		
The second of the second sections in the second		**COMPLETE REPORT	**		



Karron, Marion SML Code: 746963 Room: 130A

Page 2 of 2

2.6.8.4.9.4.2 orl. 20.8.9376

Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

Medical Director Patricia R. Romano, M.D.

Patricia R. Romeno, M. D.

DR. SCEUSA CARL

Specimen #	Lab#	Date Collected	Date Received	Date Reported	Sex	Age		
R8317075P	1210022001	01/21/2009 08:08 AM	01/21/2009	01/21/2009	F	78		
		PATIENT RESULTS						
Test	Out of I	Range Within	Range	Reference Range	Units			
	**** This Repo	ort Contains Cri	tical Values	***				
Absolute B: phils, Abs Placelets RDW-CV MPV	s.	0.0 232 14.0 10.6			x10^3/1 x10^3/1 % fL			
	R	equisition Comme	nts					
Accessioning:REQ These data are acceptable for the patient's clinical condition. No further follow up necessary at this time. M.D. DATE These data will be monitored for further evaluation, see patient chart. M.D. DATE								

COMPLETE REPORT

Report Generated By Autolims on 01/21/2009 at 03:03 PM

Autolims Clinical Laboratory Information System Ver. 3.02 by Netlims 2684942-12989376

Silverlake NH - Stats Distribution Information 275 Castleton Avenue Staten Island, NY 10301

Karron, Marion SML Code: 746963

Room: 130A

Page 1 of 2 Acco26t84f842tiol298937

> SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. SCEUSA CARL

Medical Director Patricia R. Romano, M.D.

Brooklyn Navy Yard, Building 292

63 Flushing Avenue, Brooklyn, New York 11205

718-552-1000 Fax 718-552-1022

Patricia R. Romano, M. D.

	Specimen #	Lab#		Date	Collected	Date Rec	eived	Date Reported	Sex	Ag
	R8317075P	1210022	001	01/21/200	9 08:08 AM	01/21	/2009	01/21/2009	F	78
Manager 1				PATIENT	RESULTS					
	Test		Out of 1	Range	Within	ı Range		Reference Range	Units	
					tains Cri					
			_							
(Chemistry Gl pse (grey)	H	172				65-9	Q	mar/dT	
	Fascing?	Yes	1/2				03-9	9	mg/dL	
		the diagnosis	of diabe	etes:						
	(Fasting Glu	ucose)								
		L: Normal fas								
		/dL: Impaired								
		L: Indicative of the Care 29:S43								
	Urea Nitrogen	H	69	2000			9-23		mg/dL	
	Creatinine	L	0.5				0.6-		mg/dL	
	eGFR (calculati				>60		>60		5 / 0.2	
		-Americans, m	ultiply	EGFR result	x 1.2					
entines to the same	BUN/Creat Ratio	H	143	. 4			5.0-			
	Sociaum				145		132-		mEq/L	
	Pc ssium				5.0		3.5-		mEq/L	
ta total a consider see	Chioride Carbon Dioxide	VH	38		102		99-1		mEq/L	
	Calcium	VП	30		10.2		20-3 8.5-		mEq/L mg/dL	
F	Hematology				10.2		0.5-	10.4	mg/an	
	White Blood Cou	int			7.5		4.0-	11.0	x10^3/	11T.
	Red Blood Count		3.1	8				-5.40	x10^6/	
	Hemoglobin	L	10.	0				-14.7		
	Hematocrit	L	32.					-45.0	g/dL %	
	MCV	H	102				78-1	02	fL	
	MCH	H	31.					-31.0	pg	
	MCHC	L	30.					-37.0	00	
	Neutrophils% Ly hocytes%	H L	74.					-70.0	ال م م ماه ماه ماه ماه	
	Mo. ocytes%	П	18.	4	5.2		2.0-	-40.0	0	
	Eosinophils%				1.9		1.0-		0	
	Basophils%				0.5		0.0-		00	
	Neutrophil's, Ab	S	(5.6		1.6-		x10^3/	uL
	Lymphocytes, Ab	S			1.4		1.0-		x10^3/	uL
	Monocytes, Abs				0.4		<1.0		x10^3/	uL
	Eosinophils,		.J.	+ down = ==	0.1	ale ale	< 0.7		x10 ³ /	uL
			Ж.	* COMPLET	E REPORT	** **				

Report Generated By Autolims on 01/21/2009 at 03:03 PM

Autolims Clinical Laboratory Information System Ver. 3.02 by Netlir 2684942-12989376

Tarron, Marion Marion Code: 766233

Room:240A

Sigl medical laboratory

Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

> Medical Director Patricia R. Romano, M.D. Patricia R. Romano, M. D.

Page 1 of 1 Account 1/16/5/5/1310432

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. SCEUSA CARL

Specimen #	Lab#	Date Collected	Date Received	Date Reported	Sex	Age
						Age
R8445232J	1310013901	01/24/2009 09:10 AM	01/31/2009	01/31/2009	U	
		PATIENT RESULTS				
Test	Out o	f Range Withi	n Range	Reference Range	Units	
*	*** This Re	port Contains Cri	tical Values	***		
Classistan						
Chemistry Glucose (grey)	н 18	1	65-9	۵	mg/dL	
Fasting?	Yes	ı.	65-3	9	mg/an	
	the diagnosis of dial	oetes:				
(Fasting Glu	icose)		S.			
	L: Normal fasting g	lucose	1 Mg. M.			
	/dL: Impaired fastin	g glucose	N NO			
	L: Indicative of diables Care 29:S43-S48,	petes (' 1)	<i>F</i>			
Urea Nitrogen	vH 10		9-23		mg/dL	
Creatinine	VII 10	0.7	0.6-		mg/dL	
PUJN/Creat Ratio	H 14:	3.5		30.0	5/	
dium	H 15		132-	146	mEq/L	
		lue to a variety of preanalytic				
		s, other tests and patient histo				
		lue to a variety of preanalytic				
Potassium	cimical observations	s, other tests and patient histo	3.5-	5 5	mEq/L	
Chloride	н 11:		99-1		mEq/L	
Carbon Dioxide	VH 38		20-3		mEq/L	
Calcium		9.4		10.4	mg/dL	
Protein, Total		6.8	6.0-		g/dL	
Albumin		3.6	3.2-		g/dL	
Globulin A/G Ratio		3.3 1.1	1.9- 1.0-		g/dL Ratio	
kaline	н 16		45-1		IU/L	
riosphatase	Н		15 1		10/1	
AST (SGOT)		32	13-4	0	IU/L	
ALT (SGPT)	H 56		10-4		IU/L	
Bilirubin, Tota			0.3-	1.2	mg/dL	
Accessioning Non Easting		Requisition Comme	ents**			
Accessioning: Non Fasting		clinical condition. No furth	her follow up neces	cary at this time		
MD	- 1	V	בי מיני	•		
These data will be monit	ored for further ev	valuation, see patient chart				
M.D	VI.		DATE			
	1	**COMPLETE REPORT	**			

k ron, Marion Sk. Code: 746963

Room: 130A

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Page 2 of 2

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Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

Medical Director Patricia R. Romano, M.D.

Patrices R. Romeno, M. D.

DR. SCEUSA CARL

Specimen #	Lab#	Date Collected	Date Received	Date Reported	Sex Age	-
R7544409B	1260198101	01/25/2009	01/26/2009	01/29/2009	F 78	
Test	Out of I	PATIENT RESULTS Range Within	n Range	Reference Range	Units	
Ticarcillin/ Meropenem (C Amiracin Cei etan Piperacillin				2 2 2 S	<=16 <=4 <=16 <=16	

Legend:

SIR = Susceptible Intermediate Resistant

The lata are acceptable for the patient's clinical condition. No further follow up necessary at this time.

DATE

These data will be monitored for further evaluation, see patient chart.

M.D.

DATE

K ron, Marion So Code: 746963

Roum:130A

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Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

> Medical Director Patricia R. Romano, M.D. Patricia R. Romano, M. D.

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SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. SCEUSA CARL

Specimen #	Lab#	Date Colle	cted	Date Received	Date Reported	Sex	Age
R7544409B	1260198101	01/25/	2009	01/26/2009	01/29/2009	F 78	
Artusi L		PATIENT I	RESULTS				
Test	Out of R	ange	Within	Range	Reference Range	Units	
		The second secon					
Wound Culture							
	*	* * Cultu	re Resi	ılts * * *			
Met	hicillin Resis	tant Stap				la morgan	iii
		Moderate			s	Many <=4	
Tetracycline Penicillin	(S)	<=4				<=4	
Trimeth/Sulf	R	>2/38			R	>2/38	
Erythromycin	(S)	<=0.5		and the second second			
Amr)illin	R				R	>16	
Clindamycin	(S)	<=0.5 <=1					
Rif mpin/Rif Ox: llin	R R	>2					
Cefazolin	R	<=8			R	>16	
Amoxicillin/	R	<=4/2			R	>16/8	
Ciprofloxaci	R	>2			R	>2	
Ofloxacin	R	>4			R	>16/8	
Ampicillin/s Levofloxacin	R R	<=8/4 >4			R	>4	
Vancomycin	(S)	<=2					
Ce pime	\widetilde{R}	16			I	16	
Imenem	R	<=4			S	<=4	
Ceftriaxone	R	<=8			R R	>32 >16	
Cephalothin Azithromicin	R	<=8 <=2			Х	>10	
Chlorampheni	S	<=8					
Cefotaxime	R	<=8	*		R	>32	
Gatifloxacin	I	4					
Linezolid	S	<=2			D	- 1	
Moxifloxacin	(S (S)	<=2 <=1			R	>4	
Syı cid Tobramycin	\ <u>a_</u>)	<一工			S	<=4	
Ceftazidime					Ĭ	16	
Cefuroxime					R	>16	
Cefoxitin					R	>16	
Aztreonam	على على	COMPLEME		· · · · · · · · · · · · · · · · · · ·	R	>16	
	x x	COMPLETE	REPORT				

Repo

ron, Marion รอท์: 118244899 Room: 130A



Page 1 of 2 Acco216 918 0 03 tio 1 3 0 5 2 5 9 8

> SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. MCCARTHY

Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

Medical Director Patricia R. Romano, M.D.

Patricia R. Romano, M. D.

Specimen #	Lab#	Date Collected	Date Received Date Repor	ted Sex Age
R8317138S	1270054901 01/	27/2009 08:35 AM	01/27/2009 01/27/	2009 M 78
			Reported on 01/27/	
Test	Out of Range			
) and some some section of the secti		Contains Crit		ige Offits
	TILLS Keport	CONCAINS CIT	cical values	
Chemistry				
Glucose (grey			65-99	mg/dL
Fasting?	No CILL			
(Fasting	or the diagnosis of diabetes:			
	g/dL: Normal fasting glucose			
	mg/dL: Impaired fasting gluco	ose		
>125 mg	g/dL: Indicative of diabetes			
	petes Care 29:S43-S48, 2006			
U. a Nitrogen			9-23	mg/dL
Creatinine (calculate	L O.6	>60	0.7-1.3 >60	mg/dL
	an-Americans, multiply EGF		>60	
BUN/Creat Rat:	io H (209.9)	Refedent X 1.2	5.0-30.0	
Sodium	Н 147		132-146	mEq/L
Potassium	H (5.8)		3.5-5.5	mEq/L
Chloride		106	99-109	mEq/L
Carbon Dioxide Calcium	e VH 38	0 6	20-31	mEq/L
Protein, Total	1	9.6 6.0	8.5-10.4 6.0-8.3	mg/dL g/dL
Albumin	Linear State p =	3.2	3.2-4.8	g/dL g/dL
C'abulin		2.8	1.9-4.0	g/dL
Ratio		1.1	1.0-2.5	Ratio
Allaline	H 177		45-129	IU/L
P phatase	H		12.40	/
AST (SGOT) ALT (SGPT)	H (53 H (99)		13-40 10-49	IU/L IU/L
Bilirubin, Tot			0.3-1.2	mg/dL
Hematology			0.5 1.2	mg/ di
White Blood Co		9.6	4.0-11.0	x10^3/uL
Red Blood Cour			4.20-6.00	x10^6/uL
Hemoglobin Hematocrit	$\begin{array}{ccc} L & 9.0 \\ L & 29.9 \end{array}$		12.5-16.1	g/dL %
Platelets	Ц (29.9)	240	38.0-52.0 150-450	% x10^3/uL
	\	210	T20-420	VTO 2/ MTI
7				

COMPLETE REPORT



Rep

Ka Mon, Marion SSN 118244899 Room: 13.07

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Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

> Medical Director Patricia R. Romano, M.D. Patricia R. Romano, M. D.

Accai7056141113094270 Page 1 of 2

> SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. SCEUSA CARL

R8445187X 130		Date Collected	Date Received	Date Reported	Sex	Age
NOTE TO	0005520		01/30/2009	01/30/2009	M 7	78
		PATIENT RESULTS				
Test	Out	t of Range Within	ı Range	Reference Range	Units	
***		eport Contains Cri				
hemistry						
Glucose (grey)		05	65-9	9	mg/dL	
Tasting?	No				1	
Criteria for the dia	ignosis of di	labetes:	lend +3° c.	Λ	1/27	
(Fasting Glucose)	rmal facting	glucose //		xzde	my //2/	
100-125 mg/dL: Ivol	nnaired fast	g glucose /27) ting glucose /27) iabetes	2706	1004h	0	
> 125 mg/dL: Ind	icative of di	iabetes	Ough 73			
Ref: Diabetes Care		8, 2006				
Jrea Nitrogen	VH 9	6 126	9-23		mg/dL	
Confirmed	200			- No. 20 Company		
Creatinine	L 0	. 6	0.7-	1.3	mg/dL	
(calculation)	ioona multi	ply EGFR result x 1.2	>60			
BUN/Creat Ratio		59.8	5.0-	30 0		
Sodium		51	132-		mEq/L	
		d due to a variety of preanalytic		140	111119/11	
		ons, other tests and patient histo				
Potassium		. 8	3.5-	5.5	mEq/L	
Chloride		11	99-1	09	mEq/L	
Carbon Dioxide Confirmed	VH 3	8	20-3	1	mEq/L	
Calcium		9.3	8.5-	10.4	mg/dL	
rotein, Total		6.1	6.0-		g/dL	
lbumin		3.2	3.2-		g/dL	
flobulin		3.0	1.9-		g/dL	
/G Ratio	** 4	1.1	1.0-		Ratio	
lkaline		65	45-1	29	IU/L	
Phosphatase AST (SGOT)	H	32	13-4	0	ттт / т	
LT (SGPT)	Н 5		10-4		IU/L IU/L	
Silirubin, Total		.2	0.3-		mg/dL	
ecial Chemistry		-	0.5	1.2	mg/ all	
SlycoHgb (A1c)	Н б	.2	4.0-	6.0	%	
Istimated Average		131.2			mg/dL	
lucose			N /		_	
		**COMPLETE REPORT	* *			

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Tarron, Marion ML Code: 766233

Room:240A

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Page 1 of 2

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SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. KLAHR MARTIN

Medical Director
Patricia R. Romano, M.D.

Brooklyn Navy Yard, Building 292

63 Flushing Avenue, Brooklyn, New York 11205

718-552-1000 Fax 718-552-1022

Patrice R. Romeno, M. D.

	Specimen #	Lab#		Date C	ollected	Date Re	eceived	Date Reported	Sex	Age
	R8378810B	1010013	801	02/01/2009	02:00 PM	02/01	/2009	02/02/2009	U	
	1100,00102					V Repo	rted o	n 02/01/200		DM
		0		PATTENT	TRESULTS.	у перо.	ryca o.	11 02/01/200	J 11.12	L 1·1
	Test		Out of R	lange	Withir	Range		Reference Range	Units	
	*	*** This	Repo	rt Conta	ains Cri	tical Y	Values	***		
			-							
(Chemistry									
	Glucose (grey)	H	197				65-9	9	mg/dL	
	Fasting?	No		F						
		he diagnosis o	of diabete	es:						
	(Fasting Glue									
		: Normal fast	ting gluce	ose						
	100-125 mg/	dL: Impaired	fasting g	lucose						
		: Indicative of			3					
		s Care 29:S43								
	Urea Nitrogen	VH	105				9-23		mg/dL	
	Creatinine		-		0.73		0.6-1	1 3	mg/dL	
	FR (calculation	on)			860		>60	1.5	mg/ an	
	N/Creat Ratio	Н	150.	6			5.0-3	3.0 0		
	Sodium	H	153				132-1		mEq/L	
	Sodium level	s may be elev		to a variety of	f preanalytica	l factors. T)iagnos-		111111111111111111111111111111111111111	
		clinical observ					rugiios			
	Potassium		,		4.6	J	3.5-5	5 5	mEq/L	
	Chloride	H	111				99-10		mEq/L	
	Carbon Dioxide	VH	36				20-31		mEq/L	
	Calcium				8.7		8.5-1		mg/dL	
	ndocrinology				0.,		0.5	10.4	mg/ an	
	TSH 3rd Generati	ion			0.53		0 35-	-5.50	uIU/mL	
	lematology			_	0.00		0.55	3.30	alo, mi	
	White Blood Cour	nt H/	18.5				4.0-1	11 0	x10^3/uI	
	Red Blood Count	L	3.04				3.80-		x10^6/uI	
	Hemoglobin	L	9.2				11.1-		g/dL	-
	Hematocrit	L	31.6				34.0-		%	
	MCV	H	104				78-10		fL	
	MCH				30.4		27.0-		ba	
	MCHC	L	29.2				31.0-		2%	
	Platelets				223		150-4		x10^3/uI	
	RDW-CV				14.0		11.0-		%	•
	MPV				9.9		8.0-1		fL	
	ESR-Westergren				10		0-30		mm/hr	
	lanual Differential								/ 211	
]	Neutrophils%-DIF	F H	91				40-70)	00	
	-		**(COMPLETE	REPORT*	*/	, ,			
						//				

Tarron, Marion ML Code: 766233

Room: 240A

Page 2 of 2

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Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

Medical Director Patricia R. Romano, M.D.

Patrice R. Romano, M. D.

DR. KLAHR MARTIN

	Specimen #		Lab #		Date Collected	Da	te Received	Date Reported	Sex	Age
	R8378810B		100138 omplet		02/01/2009 02:00 sults Origi		01/2009 ported c	02/02/2009 on 02/01/200		PM
	Test *	***		Out of Ra	ange rt Contains	Within Rang Critica		Reference Range	Units	
	Neutrophils abs H 16.8 1.6-7.8 x10^3/uL Lymphocytes%-DIF L 6 20-40 % Lymphs abs-DIF 1.1 1.0-4.5 x10^3/uL Monocytes%-DIF 3 2-10 % Monocytes abs-DIF 0.6 0.1-1.0 x10^3/uL									
				**Red	quisițion C	omments*	*		,	
	Accessioning: Non Fasting These data are acceptable for the patient's clinical condition. No further follow up necessary at this time.									
	M.D. DATE									
7	These data will be monitored for further evaluation, see patient chart.									
	M.D									
	7			/		1 /				

COMPLETE REPORT

Generated By Autolims on 02/02/2009 at 06:29 AM

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Distribution Information

Silverlake NH - Stats 275 Castleton Avenue Staten Island, NY 10301

arron, Marion SML Code: 766233

Room: 240A

Page 1 of 1 Acco217(1)8838(tto)13166387

> SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

> > mg/dL

mg/dL

DR. KLAHR MARTIN

Medical Director Patricia R. Romano, M.D. Patricia R. Romano M. D.

Brooklyn Navy Yard, Building 292

63 Flushing Avenue, Brooklyn, New York 11205

718-552-1000 Fax 718-552-1022

Date Collected Specimen # Lab# Date Received Date Reported R84452742 1050066001 02/05/2009 08:02 AM 02/05/2009 02/05/2009 U Complete Results Originally Reported on 02/05/2009 02:06 PM Test Out of Range Within Range Reference Range Units This Report Contains Critical Values

Chemistry Glucose (grey) H 170 65-99 Fasting? Yes Criteria for the diagnosis of diabetes: (Fasting Glucose) < 100 mg/dL: Normal fasting glucose 100-125 mg/dL: Impaired fasting glucose > 125 mg/dL: Indicative of diabetes Ref: Diabetes Care 29:S43-S48, 2006, Urea Nitrogen VH 132 9-23 Creatinine 0.6 - 1.3

mg/dL N/Creat Ratio 165.0 H 5.0-30.0 5dium H 152 132-146 mEq/L Sodium levels may be elevated due to a variety of preanalytical factors. Diagnose in light of clinical observations, other tests and patient history

Potassium 4.6 3.5 - 5.5mEq/L Chloride 99-109 \mathbf{H} 113 mEq/L Carbon Dioxide H 33 20-31 mEq/L Calcium 9.1 8.5-10.4 mg/dL **Requisition Comments**

Accessioning:Fasting

These data are acceptable for the patient's clinical condition. No further follow up necessary at this time. DATE

These data will be monitored for further evaluation, see patient chart.

M.D.

Arron, Marion SML Code: 766233

Room:240A

Siel Indoratory

Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

> Medical Director Patricia R. Romano, M.D. Patricia R. Romano, M. D.

Page 1 of 1 Accolination 2012 11 16 12 12 12 14 15 13 17 92 63

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. SCEUSA CARL

	Specimen #		Lab #	Date Collected	Date Received	Date Reported	Sex	Age
	R8445558M	10	60029601	02/06/2009 07:30 AM	02/06/2009	02/06/2009	U	ei l
20.7				PATIENT RESULTS				
	Test	****				Reference Range	Units	
	hemistry							
	Glucose (grey)	H 171		65-9	9	mg/dL	
	Fasting?		No					
	(Fasting (agnosis of diabe	etes: 2/5	on IV F.			
	< 100 mg	g/dL: No	rmal fasting glu	icose	101.			
	100-125 1	ng/dL: I	mpaired fasting licative of diabe	glucose	0~/			
,		etes Car	e 29:S43-S48,	132				
	Urea Nitrogen Creatinine		VH (119		9-23		mg/dL	
	PIN/Creat Rati		н 197	0.6	0.6-		mg/dL	
	Schium	LO		.0 152	5.0-		7 / -	
,		vels may	y he elevated du	e to a variety of preanalytica	132-	146	mEq/L	
	e in light	of clinic	al observations	other tests and patient histor	raciors. Diagnos-			
	Potassium		ar coservations,	4.4	3.5-	5 5	mEq/L	
(Chloride		н 113	1.1	99-1		mEq/L	
(Carbon Dioxide	2		29	20-3		mEq/L	
(Calcium			9.0	8.5-1		mg/dL	
			**R	equisition Commer			mg/ an	
	ccessioning:Fasting							
T	hese data are accepta	ble for t	the patient's cl	inical condition. No furth	er follow up necess	ary at this time.		
[V]	. D .				DATE	, and the second		
T	hese data will be mor	nitored	for further eva	luation, see patient chart.	3		A	
I _V I	.D				DATE			

pharm scripts

Patient Information

Karron, Marion SML Code: 770859 Room: 2BV 240A

Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 748-552-1000 Fax 718-552-1022

Medical Director Ratricia R. Romano, M.D.

Page. 1 of Account Information 3215131

> VERRAZANO NH STATS 100 Cost olon Avenue Staten Island, NY 10301

KLAHR MARTIN

; ;	The state of the s	The Charles of the Walleton Sugar Sing rest	Mary Mary Willer But State State State	Maria de la Companya	A STATE OF THE STA	in the same of the			
1	Specimen #	Lab#	Date Collected	Date Received	Date Reported	Sex Age			
	R8445303M	1090187801	02/07/2009	02/09/2009	02/12/2009	ט			
	White and the state of the stat								

1	R8445303M	1090187	194	/07/2009	02/09/2	009 02/12/200	9 U	
			PATIENT	RESULTS				
	Test	(Out of Range	Withir	Range	Reference Range	Units	
	The state of the s						10.00	
т	Inima Nacia							
	Jrinalysis	wer in the second		Yellow		Yellow-Straw	e de la degra de com es como	
	Color, Urine Appearance, Urin	e H	TURBID	ierrow		Clear		
	pH, Urine	e n	TOKDID	6.0		5.0-8.0		
	Specific Gravity			1.020		1.005-1.030	P T	
	Bilirubin, Urine			NEGATIV		NEGATIVE	17. 1.	
	Blood, Urine	H	MODERATE	TATION THE V		NEGATIVE		
	Leuk. Esterase,		LARGE	11.	A	NEGATIVE	, ov .	
	Nitrites, Urine		Mark Car.	NEGATIV		NEGATIVE		
	Glucose, Urine			NEGATIV		NEGATIVE	mg/dL	
	Ketones, Urine			NEGATIV		NEGATIVE	mg/dL	
	Protein, Urine	H	30			NEGATIVE	mg/dL	
	Urobilinogen, U			0.2		0.0-1.0	mg/dL	
9.	rine Microscopic							
	RBC, Urine	Н	11-20			<5	/HPF	
	WBC, Urine	H	50+	ray Mari	* 8 x	< 5	/HPF	
	Bacteria, Urine			None se	en	None seen	/HPF	
	Epithelial Cells	The state of the s		None se	en	None seen	/HPF	
	Crystals	H	Amorphous			None seen	/HPF	
		H	Urate					
A series of	The state of the s	H	Crystals			e and a company of the same of		
	Yeast	H	Many			None seen	/HPF	
	the second secon				M 21	//>/	to the second of	
		****		11	" Mr : 21	16300		
			\mathcal{N}	Hosp	N			
*****	and the state of the second of			W V		1, 5000 WAS CARE SO , 1500 2 5 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
		ولأراه إلالا						
			the state of the s	and the second s				

COMPLETE REPORT

Report Generated By Autolims on 02/12/2009 at 01:38 PM

Autolims Clinical kaboratory Information System Ver. 3.02 by Netlims -

2734175-13215131

%arron, Marion
SSN: 118244899

Room:240A

aniel

Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

Medical Director
Patricia R. Romano, M.D.
Patricia R. Romano, M. D.

Page 1 of 1 Accodin/24/8-018tiol/3195208

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. KLAHR MARTIN

Specimen #	Lab#	Date Collected	Date Received Da	te Reported Sex Age
R8445270A	1080015201	02/08/2009 02:15 PM	02/08/2009 02,	/08/2009 M 78
(A. 1740)		PATIENT RESULTS		
Test	Out of	Panga Within	n Range Referen	nce Range Units
1681				r**
	*** This Rep	ort Contains Cri	.tical values **	**
Chemistry				
Glucose (grey	(VH 474	. ')	65-99	mq/dL
Fasting?	No		03-99	mg/dh
Confirme				
	for the diagnosis of diab	etes.		
	Glucose)			
	g/dL: Normal fasting gl	ucose		
100-125	mg/dL: Impaired fasting	g glucose		
	g/dL: Indicative of diabe			
Ref: Dia	betes Care 29:S43-S48,	2006		
Urea Nitrogen)	9-23	mg/dL
Confirme	ed			3,
- <i>t</i> eatinine		0.7	0.7-1.3	mg/dL
eGFR (calcula	The state of the s	>60	>60	
	can-Americans, multiply			
BUN/Creat Rat	io H 155		5.0-30.0	
Sodium		145	132-146	mEq/L
Potassium		5.0	3.5-5.5	mEq/L
Chloride	H 112		99-109	mEq/L
Carbon Dioxid	е	31	20-31	mEq/L
Calcium	447	8.6	8.5-10.4	mg/dL
Accessioning:Non Fas	ting.	equisition Comme	ents**	
		linical condition No forth	f-11	41-1-41
M.D.	able for the patient's c	milear condition. No furti	ner follow up necessary at	this time.
	unitored for further ave	aluation, see patient chart.	DATE	1
M.D.	intolog for further eva	ardation, see patient chart.	DATE 2 / 9/	9
			DATE	

Karron, Marion SSN: 118244899

Room: 240A

Brooklyn Navy Yard, Building 292

Page 1 of 1 Accord 3 156 6 Altio 1 3 2 5 6 5 6 5

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. KLAHR MARTIN

Medical Director Patricia R. Romano, M.D. Patricia R. Romano, M. D.

63 Flushing Avenue, Brooklyn, New York 11205

718-552-1000 Fax 718-552-1022

Specimen #	Lab#	Date Collected	Date Received	Date Reported	Sex Age
R8445270A	1080015201 Complete	02/08/2009 02:15 PM Results Original			
Test	Out of	Range Within	n Range	Reference Range	Units
Actual Control Control Control Control Control		port Contains Cri			
(T					
Chemistry Glucose (grey Fasting? Confirm	No	4	65-9	99	mg/dL
Criteria (Fasting < 100 m	for the diagnosis of diab Glucose) g/dL: Normal fasting g	lucose			
> 125 m Ref: Dia	mg/dL: Impaired fastin ng/dL: Indicative of diab abetes Care 29:S43-S48,	petes			
ea Nitrogen Confirm		9	9-23	3	mg/dL
Creatinine		0.7	0.7-	-1.3	mg/dL
eGFR (calcula		>60	>60		
For Afri	can-Americans, multiply	y EGFR result x 1.2			
BUN/Creat Rat	io H 15!	5.6	5.0-	-30.0	
Sodium	rogenic Paris, galanteri (il. spiritari) — di	145	132-	-146	mEq/L
Potassium		5.0	3.5-	-5.5	mEq/L
Chloride	H 11:	2	99-1	L09	mEq/L
Carbon Dioxid	le ·····	31	20-3	31	mEq/L
Calcium		8.6		-10.4	mg/dL
	**]	Requisition Comme			5 / 5.2
Accessioning: Non-Fas These data are accept L.D.	sting	clinical condition. No furt	her follow up neces	ssary at this time	
These data will be mo	onitored for further ev	valuation, see patient chart		7/ -	
.D. 7		, passes state	DATE		
an illustrations and the second secon	Manager and the Late	I and of		- 00 -	

Karron, Marion SML Code: 766233

Room:240A

Shiel

Page 2 of 2

24/c20815t919forln3t20h3730

Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

Medical Director Patricia R. Romano, M.D.

Patrice R. Romano M. D.

DR. SCEUSA CARL

	Specimen #		Lab#		Date Collected	Date	Received	Date Reported	Sex Age
	R8205068A		901829 omple		/09/2009 11:45 LLs Origi			02/10/200 on 02/10/200	
	Test	****		Out of Rang		Within Range		Reference Range	Units
	MCHC Platelets RDW-CV		L H	29.3 17.7	383		31.0 150-)-37.0	% x10^3/uL %
I	MPV Manual Differentia				10.0)		13.0	fL
	Neutrophils%-I Neutrophils ak Lymphocytes%-I Lymphs abs-DIF Bands%-DIF	os DIF	H H L L VH	83 9.4 6 0.7 11			40-7 1.6- 20-4 1.0- 0-6	7.8	% x10^3/uL % x10^3/uL %
7	Bands abs-DIF C Morphology ypochromia-DI	IF	H	++	1.3		0		
ľ	These data are accepta		-			DATE		ssary at this time.	
	These data will be mon	intored	ior furth	er evaluat	ion, see patient	chart. DATE]		



Karron, Marion

Room: 240A

SML Code: 766233

Page 1 of 2 Acco217t28t5r912tiol3213730

Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. SCEUSA CARL

Medical Director Patricia R. Romano, M.D.

			P	D R	7. 0			_	
			Patri	us 1. Homans	, M. D.				
	Specimen #	Lab #	Date Co	llecte	Date Received	Date	Reported	Sex	Age
	R8205068A	1090182501 Complete F	and the control of th	/	02/09/20 y Reported			U 00:26 Z	AM
	Test	Out of	Range	Within	Range	Reference	ce Range	Units	
		**** This Rep	ort Conta	ains Cri	tical Valu	les ***	r *		
(Chemistry								
	Glucose	Н 163	3		65	5-99	r	ng/dL	
	Criteria f	or the diagnosis of diab	etes:						
	(Fasting	Glucose)							
		g/dL: Normal fasting gl							
		mg/dL: Impaired fasting		1.					
	>125 mg	g/dL: Indicative of diabo	etes \ \						

Ref: Diabetes Care	29:S43	-S48, 2006				
Urea Nitrogen	ŻΉ	111		u u	9-23	mg/dL
Creatinine			0.6		0.6-1.3	mg/dL
eGFR (calculation)			>60		>60	5,
QUN/Creat Ratio	H	185.0			5.0-30.0	
odium	H	153			132-146	mEq/L
Sodium levels may	be elev	ated due to a var	riety of preanalytical fa	actors Dis	agnos-	1

Sodium levels may be elevated due to a variety of preanalytical factors. Diagnose in light of clinical observations, other tests and patient history

Potassium	Н	5.7	ia patient instory	3.5-5.5	mEq/L	
Chloride	\mathbf{H}	118		99-109	mEq/L	
Confirmed					4	
Carbon Dioxide	H	33		20-31	mEq/L	
Calcium			9.6	8.5-10.4	mg/dL	
Protein, Total	L	5.9		6.0-8.3	g/dL	
Albumin	L	3.1		3.2-4.8	g/dL	
Globulin			2.8	1.9-4.0	g/dL	
A/G Ratio			1.1	1.0-2.5	Ratio	
Alkaline			88	45-129	IU/L	
Phosphatase						
AST (SGOT)			22	13-40	IU/L	
ALT (SGPT)			30	10-49	IU/L	
Bilirubin, Total	L	0.2		0.3-1.2	mg/dL	
Hematology						
White Blood Count	H	11.4		4.0-11.0	x10^3/uL	
Red Blood Count	L	3.00		3.80-6.00	x10^6/uL	
Hemoglobin	L	8.9		11.1-16.1	g/dL %	
Hematocrit	L	30.2		34.0-52.0		
MCV	H	108		78-102	fL	
MCH			29.9	27.0-31.0	pg	
COMPLETE REPORT						

It Generated By Autolims on 02/10/2009 at 10:39 AM

Autolims Clinical Laboratory Information System Ver. 3.02 by Netlims 2728599-13213730

Shiel Medical Laboratory

At Silver Lake Specialized Care Center 275 Castleton Avenue, Staten Island, NY 10301

ARTERIAL BLOOD GAS REPORT

TIBRE DE ANAL.	205	F 3 ABA F 3 73BA
TIME DRAWN:	X	[] AM []PM
	Tested on	VENTILATOR SETTINGS
	02/20/09 02:13 PM	MODE (CIRCLE ONE) (A/C) SIMV CPAP T/C PS
	Calibration Successful	FiO2 35-45
		R.R. 16
	Cal Code PEO-ACM-XZF	VT 500
	Cartridge Lot FATIO	ASSISTING RATE
	Test Number 3040	
	Patient ID: 15354	
		ETCO2 40 O2 ANALYZED 50
	Patient Temperature 37.3°C 99.1°F	PO 98 O2 LITERS
	31.3 0 99.1 1	
	18P 754 mmHs	
	Measured a 37.0 °C	REFERENCE RANGE
	pH L 7.265	pH 7.35 – 7.45
	pCO2 H 68.7 mmHs	pCO ₂ 35 – 45 mmHg
	PO2 H 112.2 mmHs	pO ₂ 80 – 100 mmHg
	Corrected to 37.3	HCO ₃ 22 – 26 mmHg
	pH L 7.261	tCO ₂ 22 – 29 mmHg
	pCO2 H 69.6 mmH	BE-b -2 to +2 mmHg
	p02 H 114.0 mmH	X
	Ref. Ranges	
	pH 7.350-7.450	O ₂ sat. 97.0 – 100 %
	pCO2 35.0-45.0 mmHg	COMMENTS
	pO2 80.0-100.0 mmHg	COMMENTS:
	Calculated Results	
	HC03- 30.8 ml	1 VI
	TCO2 32.9 mM	//~ /21
	* BEb 1.6 m!	
	BEecf 3.8 mM 02Sat 97.2	
	etHb for BEb 15.0 g/d	REPORTED TO: DA/BANDRE
	Sample Info:	712
	Type: Anterial	RT'S Signature:
	Site: Right Radial	it o orginature.

Shiel Medical Laboratory

At Silver Lake Specialized Care Center 275 Castleton Avenue, Staten Island, NY 10301

ARTERIAL BLOOD GAS REPORT

ANI LIVAL DEC	JOB GAO ILLI GILI
Name (Last, First) KAPPOCK, MAIN, COR	Date: 2/20/09 ID# 15354
TIME DRAWN: 255	_[] AM JAPM
Tested on 82/20/09 83:04 PM Calibration Successful Cal Code PEO-ACW-XZP Cartridge Lot FATIG Tool Number 3041	VENTILATOR SETTINGS MODE (CIRCLE ONE) AND SIMV CPAP T/C PS FIO2 35-45 R.R. 18 VT 500 ASSISTING RATE \$\phi\$
Test Number 3041 Patient ID: 15354 Patient Temperature 37.3°C 99.1°F	ETCO ₂ 42 O ₂ ANALYZED 90 98 O ₂ LITERS
BP 754 mmH9 Measured @ 37.0 °C pH L 7.333 pCO2 H 56.9 mmH9 pO2 H 115.9 mmH9 Corrected to 37.3 °C pH L 7.328 pCO2 H 57.6 mmH9 pO2 H 117.8 mmH9 Ref. Ranges pH 7.350-7.450 pCO2 35.0-45.0 mmH9	REFERENCE RANGE pH 7.35 – 7.45 pCO ₂ 35 – 45 mmHg pO ₂ 80 – 100 mmHg HCO ₃ 22 – 26 mmHg tCO ₂ 22 – 29 mmHg BE-b -2 to +2 mmHg BE-ecf -2 to +2 mmHg O ₂ sat. 97.0 – 100 %
pO2 80.0-100.0 mmHg Calculated Results HC03- 29.8 mm TC02 31.6 mm * BEb 2.4 mm BEecf 3.9 mm O2Sat 97.8 % *tHb for BEb 15.0 g/dL Sample Info: Tupe: Arterial	REPORTED TO: P. Albero Bel RT'S Signature: Elliot &
Tupe: Arterial Site: Right Radial	RT'S Signature: C///0/

larron, Marion SML Code: 746963

Room:245A

Shiel

Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

> Medical Director Patricia R. Romano, M.D. Patricia R. Romano, M. D.

Page 1 of 2 Accomp/8/8/8/8/31113572199

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. SCEUSA CARL

PE							
	Specimen #	Lab #	Date Collected	Date Received	Date Reported	Sex	Age
	R8317038W	1060106101	03/06/2009	03/06/2009	03/16/2009	F	78
			PATIENT RESULTS				

A AXI ACIVE

Test

Out of Range

Within Range

Reference Range

Units

Sputum Culture

Gram Stain - Few Gram negative rods

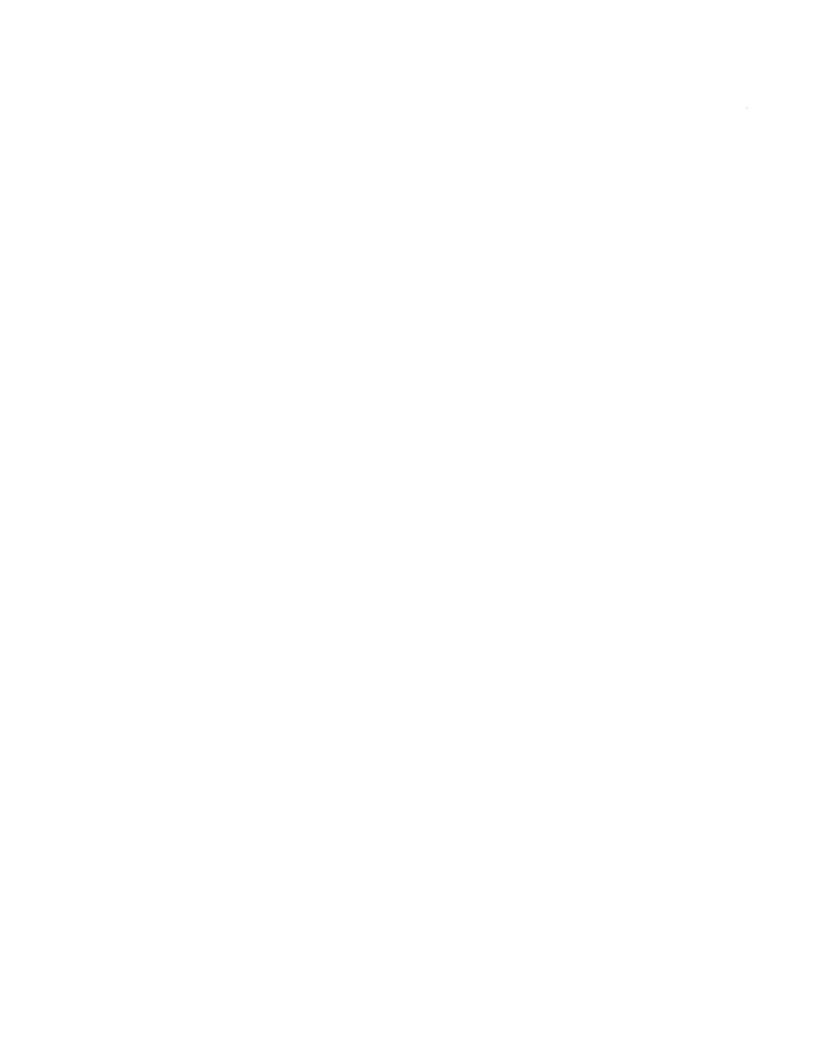
* * * Culture Results * * *

Acinetobacter lwoffi

	Ma	any
Tetracycline	S	
	S	<=2/38
Ampicillin		<=8
Nitrofuranto		<=32
Cefazolin		<=8
xicillin/	•	<=8/4
Ciprofloxaci	S	<=1
Tobramycin	S	<=4
Ceftazidime	S	<=1
Ampicillin/s	S	<=8/4
Cefuroxime		<=4
Levofloxacin	S	<=2
Cefoxitin		<=8
Cefepime	S	<=8
Aztreonam		<=8
Ceftriaxone	S	<=8
Ticarcillin/	S	<=16
Meropenem (C	S	<=4
Cephalothin		<=8
Amikacin	S	<=16
Cefotetan		<=16
Cefotaxime	S	<=2
Moxifloxacin		<=2

Legend:

SIR = Susceptible Intermediate Resistant



Karron, Marion SML Code: 787460



Page 2 of 2

2/Z-207121215101135017835

Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

Medical Director Patricia R. Romano, M.D. Patricia R. Romano, M. D.

DR. SCEUSA CARL

	Specimen #	Lab#	Date (Collected	Date Received	Date Reported	Sex	Age
	R83170522	1090226301	03/09/2009	9 06:00 AM	03/09/2009	03/14/2009	F	
idal, in . "			PATIENT	RESULTS				
	Test	Out of 1	Range	Within	Range	Reference Range	Units	
	These data are acceptab	le for the patient's c	linical condi	tion. No furth		sary at this time.		
	Γ.D. These data will be mon	itored for further eva	aluation see	natient chart	DATE			
	I.D.	nored for further eve	maarion, see	patient chart.	DATE			
	C 1884 8 1				-			

larron, Marion SML Code: 746963

Room:245A

Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

> Medical Director Patricia R. Romano, M.D. Patricia R. Romeno, M. D.

Accol 8926349 (1013593583 Page 1 of 2

> SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. SCEUSA CARL

	Specimen #	Lab#	Date Collected	Date Received	Date Reported	Sex	Age
S. Strain	R83170360		03/07/2009 05:00 AM				78
17.0	1 · · · ·	Complete Re	sults Originally	y Reported o	n = 03/12/2009	10:47	AM

Test

Piperacillin

Out of Range

Within Range

Reference Range

Units

Wound Culture

* * * Culture Results * * Pseudomonas fluorescens/putida

	rseudomonas	TIUUTES
		Many
Tetracycline	S	<=4
Trimeth/Sulf	S	<=2/38
Ampicillin		<=8
Cefazolin		>16
Amoxicillin/		<=8/4
Ciprofloxaci	. R	>2
bramycin	S	< = 4
Ceftazidime	S	4
Ampicillin/s		<=8/4
Cefuroxime		16
Levofloxacir	ı	4
Cefoxitin		
Cefepime	S	
Aztreonam		<=8
Imipenem		<=4
Ceftriaxone		<=8
Ticarcillin/		<=16
Meropenem (C	S	<=4
Cephalothin		>16
Amikacin	S	<=16
Cefotetan		32
Cefotaxime	S	8
Moxifloxacir		<=2

Legend:

S <=16

SIR = Susceptible Intermediate | Resistant

COMPLETE REPORT

La Jort Generated By Autolims on 03/17/2009 at 11:12 AM

Autolims Clinical Laboratory Information System Ver. 3.02 by Netlims 2802340-13593583

Karron, Marion ML Code: 787460 Shiel Medical laboratory

Brooklyn Navy Yard, Building 292 63 Flushing Avenue, Brooklyn, New York 11205 718-552-1000 Fax 718-552-1022

> Medical Director Patricia R. Romano, M.D. Patricia R. Romano, M. D.

SILVERLAKE NH - STATS 275 Castleton Avenue Staten Island, NY 10301

DR. SCEUSA CARL

	Specimen #	Lab#	Date Collected	Date Received	Date Reported	Sex	Age	
The second	R83170522	1090226301	03/09/2009 06:00 AM	03/09/2009	03/14/2009	F		
			DATETIANTE DECEMBE					-

PATIENT RESULTS

Test

Out of Range

Within Range

Reference Range

Units

Wound Culture

* * * Culture Results * * *

Pseudomonas aeruginosa

Many Tetracycline <=4 Trimeth/Sulf >2/38 Ampicillin <=8 Cefazolin >16 Amoxicillin/ <=8/4Ciprofloxaci R >2 Tobramycin S < = 4tazidime 4 Ampicillin/s <=8/4 Cefuroxime 16 >4 Levofloxacin >16 Cefoxitin Cefepime S <=8 S <=8 Aztreonam S <=4 Imipenem S <=8 Ceftriaxone Ticarcillin/ S <=16 S <=4 Meropenem (C >16 Cephalothin Amikacin <=16 32 Cefotetan Cefotaxime S 8 Piperacillin <=16

Legend:

SIR = Susceptible Intermediate Resistant

SILVER LAKE	ADDITIONA	L ORDER FORM	
VENT UNII MYES [] NO	1111 Marie and M	Private Privat	TAT'R LIE
MEDICATION ORDERS MEDICATION ORDERS	JBA 237A 15354	ADMISSION DATE SEX DATE OF BIRTH	
)		a yang padan da Pada dakada Anggan yang anggan da app angawat
T.O. No. C. Scensa / Ruggien	Diet: Regular Di	et	
DX:	() -:	1-1-1	
Lennakot 8.6 mg ir	activities : as &	Mesalio	
DENNAKOT 8.6 mg if			
I .	Safety: none		
Magnesum Oxide 400ma DX: HYPOMAGNESIUMT PO Dauly)			
	Therapy: PT.		
I Prevaud 30mg T Solu-Tai	Therapy: PT OT).	wal	
DX: GERDS PO Daily	ST		
/ Thiamine 100 ng + po			
DX: ETOH Daily	Floo Brognams	pending	
/ Metoprolol XL 50mg			
Metoprolol XL 50mg T PO Daily DX: HTN	Laboratory Lests	1	
i	May HAP du	e 1/09 111	
J Levothyroxine 0.15 mg (Levothroid) po Daily Dea	n Par CMP, Stool	quac &3 no 1/0	B
DX:	TatuTSH 83	e 1/09 guece 03 nos 4/0 3 nos due 4/08	
DX: 14/po PO Daily a Gam		1./-	
DX: 1-typo	B/p & weekly a	Cays then pra	
/ Risperded 0.5 mg	VS OD X 30 d	aip There	
DX: Insomnia psychosis			
/ Paxil dong +		1 /	2
DX DODROSSICA PO Daily	PICKED UP BY: REVIEWED BY:	PATE: 1/2/6/TIME:	field.
	REVIEWED BY :	DATE: TIME:	
DX: O8hus prn pain	MD SIGNATURE:	DENT IS IN NEED OF CONTINUED (NF) CA	:
	PRESCRIPTIONS FILLED GENERICALLY U	NLESS PRESCRIBER WRITES "DAW" IN BOX BE	LOW
CONTACT ISOLATION 7			
MRSA Sputum		DAW	
NKA	DIAGNOSIS KIND + Faulure COPD	AFIB / Hypothyroidism	
10/11	VORF	1.11. 41000	
PHYSICIAN 0 //4 4	PHYSICIAN'S PHOME		
Dr. Klahr	018/667-9000	LIMITED RELIGION	77, 1 1000
	56	NURSE'S REVIEW	1-21-0

1"

SILVER LAKE	TUBE FEEDING ORDERS
VENT UNIT MYES [] NO	UNITEROOMISSO MED RECORD + ADMISSION DATE SEX DATE OF RIGHT PAGE NO.
MEDICATION ORDERS Marion	DELIVERY DATE: STARTDATE: SEX CATE OF GIBTH PAGE ND.
GTUBE FEEDS OF 25 VQ4H WITH H2O FLUSH OF 1-0 ML Q4H ON ENTERAL PUMP AT 95ML/HR TOTAL CALORIES: TOTAL ML: POSITION SEMI FOWLERS REASON: NUTRITIONAL SUPPORT	
CLEASE G-TUBE WITH NS QS AND PRN	
CHANGE IRRIGATION SET ACCORDING TO NUBSING HOM POLICY.	
MU IVITAMINS WITH MINERALS 15. VIA GT QD FOR NUTRITION.	
PROSTAT 101 30ML VOT TID FOR HYPOALBUMIN.	
TYLENOL GR. X = 20ML LIQUID (648MG) Q4H PRN FOR PAIN OR TEMP > 100.5	
FLEET-ENEMA EVERY 3 RD DAY PR' 7 NO BM.	
HEPARIN 5000 UNITS SUBCUTANEOUSLY Q12H FOR DVT PROPHYLAXIS	-
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PHYSICIAN'S SHORE PHARMACEUTI SIL ER LAKE ORDER FORM RESIDENT NAME & MEDICAL RECORD # UNIT ROOM BED DATE OF BIRTH SEX DATE OF ADMISS KARRON, MARION (771) 28 237 0 06/06/30 01/21/ OTHER APPERS MEDICATION ORDERS D/C PRESSURE AND WIS EVERY WEEK DELIVERY DATE 2/8/08 DIET: REGULAR 01/21/08 A4584901 RISPERDAL O. 5MG TABLET ACTIVITIES: 1 TAB BY MOUTH AT BEDTIME FOR AS TOLERATED INSOMNIA CHECK & RECORD ORTHOSTATIC BP THERAPY: WEEKLY PT EVAL 01/21/08 R13236775 OT EVAL LEVOTHYROXINE SODIUM 150MCG TABLET (S/F: SYNTHROID) 1 TAB BY MOUTH DAILY AT 6AM FOR ST. EVAL HYPOTHYROIDISM **SEPARATE 2 HOURS RESTORATIVE OCCUPATIONAL THERAPY FROM CALCIUM** 01/21/08 R13236765 SXWEEK SOMIN SESSIONS LEVOTHYROXINE SODIUM 25MCG TABLET (S/F: SYNTHROID) RESTORATIVE PHYSICAL THERAPY 1 TAB BY MOUTH DAILY AT GAM FOR SXWEEK BOMIN. SESSIONS HYPOTHYROIDISM **SEPARATE 2 HOURS FLOOR PROGRAMS: FROM CALCIUM** 01/21/08 R13236772 PENDING MAGNESIUM OXIDE 400MG TABLET 1_TAB_BY_MOUTH_DAILY_FOR -LABORATORY: YEARLY H&P DUE 1-9 HYPOMAGNESIUM CBC, CMP, STOOL GUIAC EVERY 3 MONTHS 4-08 01/21/08 R13236704 METOPROLOL ER SOMG TAB. SR 24H (S/F: TOPROL XL) PREPARED BY: DATE: PICKED UP BY: CAMBRE 1 TAB BY MOUTH DAILY FOR HYPERTENSION VERIFIED BY: DATE: TIME: ATIME: 2 VERIFIED BY: DATE: NURSE'S REVIEW: 01/21/08 R13236749 MULTIVIT/MINERALS (GERTAVITE) LIQUID 15 MLS BY MOUTH DAILY FOR NUTRITIONAL SUPPLEMENT Signature ***(STOCK)*** THIS PRESCRIPTION WILL BE FILLED GENERICALLY 01/21/08 R13236789 UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW PAROXETINE 20MG TABLET (PAXIL 1 TAB BY MOUTH DAILY Dispense As Written CONTINUED NEXT PAGE DIAGNOSIS / ICD9 CODE ALLERGY REVIEW DATE RESP FAILURE, COPD, AFIB, NO KNOWN ALLERGIES 02/21/08 HYPOTHYROIDISM, VDRF 02/08/08 PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER MARTIN KLAHR (BK0701157) 718-447-7800 3109 HYLAN BLVD2, STATEN ISLAND, NY, 10306 ADMITTED RESIDENT NAME RESIDENT # PAGE

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KARRON, MARION (771)

PHYSICIAN'S ORDER FORM

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PHYSICIAN'S SHORE PHAR ACEUTI SIL ER LAKE **ORDER FORM** RESIDENT NAME & MEDICAL RECORD # BED DATE OF BIRTH SEX DATE OF ADMIS UNIT ROOM KARRON, MARION (771) 23 237 06/06/30 F 01/21/0 A D/C MEDICATION ORDERS OTHER ORDERS RESPIRATORY: VENTILATOR SETTINGS: VT: _500 __ RR: _K__ MODE: _AC ___ FIO2: __25-35%___ OTHER: OZ SAT WITH VENTILATOR MONITORING AND PRN ETCO2 QM AND PRN ABG'S RACH CARE QS AND PRN PICKED UP BY: Chennel DATE: gay of TIME:3-DATE: _ TIME: __ VERIFIED BY: VERIFIED BY: DATE: TIME: NURSE'S REVIEW: TIME: TRACHEAL SUCTIONING GS AND PRN Signature \ THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES 'daw" IN THE BOX BELOW DRAL PHARANGEAL SUCTIONING QS AND PRN Dispense As Written DIAGNOSIS / ICD9 CODE ALLERGY REVIEW DATE RESP FAILURE, COPD, AFIB, NO KNOWN ALLERGIES 02/21/08 HYPOTHYROIDISM, VDRF 02/08/08 PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER MARTIN KLAHR (BK0701157) 718-447-7800 3109 HYLAN BLVD2, STATEN ISLAND, NY, 10306 ADMITTED RESIDENT NAME RESIDENT # PAGE KARRON, MARION (771) 4 DF 1 01/21/08

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RESIDENT NAME & MEDICAL RECORD # UNIT ROOM BED DATE OF BIRTH SEX DATE OF ADMISS KARRON, MARION (771) 237 2B OE/60/30 F 01/21/08 OTHER ORDERS MEDICATION ORDERS D/C BLOOD PRESSURE AND WTS EVERY WEEK DELIVERY DATE START DATE non hospital DNR ADVANCE DIRECTIVES: **DO NOT RESUSCITATE** 01/21/08 A4584901 RISPERDAL O. 5MG TABLET DIET: 1 TAB BY MOUTH AT BEDTIME FOR REGULAR INSOMNIA CHECK & RECORD ORTHOSTATIC BP ACTIVITIES: WEEKLY AS TOLERATED 01/21/08 R13236775 THERAPY: LEVOTHYROXINE SODIUM 150MCG PT EVAL Connual 3/09 TABLET (S/F: SYNTHROID) 1 TAB BY MOUTH DAILY AT 6AM FOR OT EVAL annual 3/09 HYPOTHYROIDISM **SEPARATE 2 HOURS FROM CALCIUM** ST. EVAL annual 3/09 01/21/08 R13236765 LEVOTHYROXINE SODIUM 25MCG TABLET (S/F: SYNTHROID) RESTORATIVE PHYSICAL THERAPY 1 TAB BY MOUTH DAILY AT 6AM FOR SXWEEK 30MIN. SESSIONS HYPOTHYROIDISM **SEPARATE 2 HOURS PENDING PROMOTO A + Ventum 5 Reps G FROM CALCIUM** 01/21/08 R13236772 MAGNESIUM OXIDE 400MG TABLET 1 TAB BY MOUTH DAILY FOR-YEARLY H&P DUE 1-9 HYPOMAGNESIUM CBC, CMP, STOOL QUIAC EVERY 3 MONTHS 4-08 01/21/08 R13236704 METOPROLOL ER 50MG TAB. SR 24H (S/F: TOPROL XL) PREPARED BY: DATE: TIME: PICKED UP BY: DATE: 7/3/4/FIME: 3/ 1 TAB BY MOUTH DAILY FOR VERIFIED BY: ____ DATE: ____ HYPERTENSION VERIFIED BY: ____ DATE: ___ MURSE'S REVIEW: 01/21/08 R13236749 MULTIVIT/MINERALS (CERTAVITE) LIQUID 15 MLS BY MOUTH DAILY FOR NUTRITIONAL SUPPLEMENT ***(STOCK)*** THIS PRESCRIPTION WILL BE FILLED GENERICALLY 01/21/08 R13236789 UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW PAROXETINE 20MG TABLET 1 TAB BY MOUTH DAILY Dispense As Written 101/08 8 CONTINUED NEXT PAGE DIAGNOSIS / ICD9 CODE ALLERGY REVIEW DATE RESP FAILURE, COPD, AFIB, NO KNOWN ALLERGIES 03/20/08 HYPOTHYROIDISM, VDRF 03/10/08

PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER
MARTIN KLAHR (BK0701157) 718-447-7800
3109 HYLAN BLVD2, STATEN ISLAND, NY, 10306

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FACILITY PHARMACY PHYSICIAN'S SHORE PHAN ACEUTI SIL ER LAKE ORDER FORM LINIT ROOM BED DATE OF BIRTH SEX DATE OF ADMISS RESIDENT NAME & MEDICAL RECORD # KARRON, MARION (771) 28 237 OE/80\80 F 01/21/08 OTHER ORDERS D/C MEDICATION ORDERS FLEET 19G-7G/118 ENEMA INSERT 1 RECTALLY EVERY 3 DAYS AS NEEDED IF NO BOWEL MOVEMENT(S) ***(STOCK) *** 01/21/08 R13236804 IPRATROPIUM BROM (62,5ML/BOX) O. 2MG/1ML SOLUTION 1 UNIT DOSE VIA NEBULIZER EVERY 4 HOURS FOR COPD 01/23/08 R13242828 ALBUTEROL O. 083% (75ML/BOX) O. 83MG/1ML SOLUTION 1 UNIT DOSE VIA NEBULIZER EVERY 4 HOURS AS NEEDED FOR WHEEZING 01/23/08 R13242825 PROSTAT 101 30ML BY MOUTH THREE TIMES DAILY FOR HYPOALBUMIN 01/21/08 A4584904 PREPARED BY: MONITORING AND PRN PICKED UP BY: DATE: 3 VERIFIED BY: DATE: 3 13 VERIFIED BY: DATE: TIME: NURSE'S REVIEW: TIME: ETCUZ GM AND FRN Signature THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW hand millens release Q20 Dispense As Written

DIAGNOSIS / ICD9 CODE RESP FAILURE, COPD, AFIB, HYPOTHYROIDISM, VDRF

ALLERGY

NO KNOWN ALLERGIES

REVIEW DATE 03/20/08

03/10/08

PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER MARTIN KLAHR (BK0701157) 718-447-7800

3109 HYLAN BLVD2, STATEN ISLAND, NY, 10306

PHYSICIAN'S ORDER FORM

RESIDENT NAME

KARRON, MARION (771)

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RESIDENT #

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Please place a checkmark in the box marked <u>Faxed</u> to indicate that the order was faxed to the Pharmacy. For tracking purposes please indicate the time the order was faxed.

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INTERIM PHYSICIAN'S ORDERS FORM	
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CBC, CMP, STOOL GUIAC EVERY 3 MONTHS 4-08

THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW

01/21/08 R13236789 PAROXETINE 20MG TABLET

1 TAB BY MOUTH DAILY

15 MLS BY MOUTH DAILY FOR NUTRITIONAL SUPPLEMENT

02/01/08 R13286698

Dispense As Written

CONTINUED NEXT PAGE

DIAGNOSIS / ICD9 CODE ESP FAILURE, COPD, AFIB, HYPOTHYROIDISM, VDRF

(STOCK)

NO KNOWN ALLERGIES

REVIEW DATE 04/10/08

03/28/08

PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER MARTIN KLAHR (BK0701157) 718-447-7800 3109 HYLAN BLVD:, STATEN ISLAND, NY, 10306

ALLERGY

RESIDENT NAME KARRON, MARION (771)

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ADMITTED

RESIDENT #

PAGE

01/21/08

1 OF 4

RESIDENT NAME

KARRON, MARION (771)

SILVER LAKE

SHORE PHARMACEUTI

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ROOM DATE OF BIRTH SEX DATE OF ADM. UNIT BED RESIDENT NAME & MEDICAL RECORD # KARRON, MARION (771) 28 232 7.7 OE/80\80 01/21/00 OTHER ORDERS MEDICATION ORDERS D/C T3, T4, TSH EVERY 3 MONTHS 4-8 PREDNISONE 10MG TABLET 1 TAB BY MOUTH DAILY FOR COPD RESTRAINTS: MONE HANDMITTENS AT ALL TIMES RELEASE EVERY ? 02/22/08 R13462316 HOURS X 15MINS FOR ROM AND HYGIENE PREVACID SOLUTAB 30MG TAB LIN DR 1 TAB BY MOUTH DAILY FOR GERD HAND MITTENS RELEASE EVERY 2 HOURS AND # **DISSOLVE ON TONGUE OR IN MOUTH** NEEDED FOR ROM AND HYGIENE 01/21/08 R13236710 SENNA TABLET 2 TABS BY MOUTH DAILY FOR CONSTIPATION ***(STOCK)*** 01/21/08 R13236699 VITAMIN B-1 (THIAMINE) 100MG TABLET (S/F: THIAMINE) 1 TAB BY MOUTH DAILY FOR ETOH 01/21/08 R13236737 CITRUS CALCIUM 200MG TABLET (S/F: CITRACAL PETITES + VIT D) 2 TABS BY MOUTH TWICE DAILY FOR OSTEOPOROSIS ***(STOCK)*** 03/07/08 R13462807 HEPARIN SODIUM 5000 UNITS/ML VIAL INJECT 1ML (5000UNITS) PREPARED BY: DATE: PICKED UP BY SUBCUTANEOUSLY EVERY 12 HOURS FOR DVT PROPHYLAXIS VERIFIED BY: DATE: VERIFIED BY: DATE: TIME: 01/21/08 R13236807 NURSE'S REVIEW: DXYCODONE/APAP 5MG/325MG TABLET (S/F: PERCOCET) 1 TAB BY MOUTH EVERY 8, HOURS AS NEEDED Signature TRIPLICATE REQUIRED THIS PRESCRIPTION WILL BE FILLED GENERICALLY 01/23/08 R13242588 UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW LORAZEPAM IMG TABLET (5/F: ATIVAN 1 TAB BY MOUTH EVERY & HOURS AS Dispense As Written TRIPLICATE REQUIRED 03/12/08 R1344970 DIAGNOSIS / ICD9 CODE ALLERGY REVIEW DATE RESP FAILURE, COPD, AFIB, NO KNOWN ALLERGIES 04/10/08 HYPOTHYROIDISM, VDRF 03/28/08 PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER MARTIN KLAHR (BK0701157) 718-447-7800 3109 HYLAN BLYD2, STATEN ISLAND, MY, 10306

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01/21/08

RESIDENT #

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PACHUY PHYSICIAN'S **ORDER FORM** SHORE PHARMACEUTI SILVER LAKE DATE OF ADMISS RESIDENT NAME & MEDICAL RECORD # UNIT ROOM BED 01/21/08 KARRON, MARION (771) 23 232 B OE/60\60 OTHER ORDERS MEDICATION ORDERS D/C ACETAMINOPHEN 160MG/5ML ELIXIR (S/F: ZZ-TYLENOL) 20ML (640MG) BY MOUTH EVERY 4 HOURS AS NEEDED FOR PAIN OR TEMP >100.5 ***(STDCK)*** 01/21/08 R13236795 FLEET 19G-7G/118 ENEMA INSERT 1 RECTALLY EVERY 3 DAYS AS NEEDED IF NO BOWEL MOVEMENT(S) ***(STOCK)*** 01/21/08 R13236804 IPRATROPIUM BROM (62.5ML/BOX) O. 2MG/1ML SOLUTION 1 UNIT DOSE VIA NEBULIZER EVERY 4 HOURS FOR COPD 01/23/08 R13242828 ALBUTEROL O. 083% (75ML/BOX) O. 83MG/1ML SOLUTION 1 UNIT DOSE VIA NEBULIZER EVERY 4 HOURS AS NEEDED FOR WHEEZING 01/23/08 R13242825 PROSTAT 101 30ML BY MOUTH THREE TIMES DAILY FOR HYPOALBUMIN in 3occHX 01/21/08 A4584904 PREPARED BY: DATE: PICKED UP BY VERIFIED BY: DATE: TIME VERIFIED BY: DATE: TIME: NURSE'S REVIEW: 02 SAT WITH VENTILATOR MONITORING AND PRN Signature THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW ETCUZ OM AND PRN Dispense As Written DIAGNOSIS / ICD9 CODE ALLERGY REVIEW DATE ESP FAILURE, COPD, AFIB, NO KNOWN ALLERGIES 04/10/08 HYPOTHYROIDISM, VDRF

MARTIN KLAHR (BK0701157) 718-447-7800 3109 HYLAN BLYD:, STATEN ISLAND, NY, 10306 RESIDENT NAME ADMITTED

RESIDENT #

PAGE

KARRON, MARION (771)

01/21/08

PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER

3 MF

03/28/08

FACILITY PHARMACY PHYSICIAN'S SHORE PHARMACEUTI ORDER FORM SILVER LAKE RESIDENT NAME & MEDICAL RECORD # UNIT ROOM BED DATE OF BIRTH SEX DATE OF ADMISS F 01/21/08 KARRON, MARION (771) 232 В 28 06/06/30 MEDICATION ORDERS OTHER ORDERS D/C TRACH CARE QS AND PRN TRACHEAL SUCTIONING QS AND PRN CHANGE INNER CANNULA OD AND PRN RESPIRATORY: VENTILATOR SETTLINGS: VT: 500 RR: 14 MODE: _AC___ FIO2: _35-45% OTHER: 73, TY, 75H CBC CMP Stool gruce XI PREPARED BY: PICKED UP BY: VERIFIED BY: VERIFIED BY: NURSE'S REVIEW: THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW Dispense As Written DIAGNOSIS / ICD9 CODE ALLERGY REVIEW DATE TESP FAILURE, COPD, AFIB, NO KNOWN ALLERGIES 04/10/08 HYPOTHYROIDISM, VDRF 03/28/08 PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER MARTIN KLAHR (BK0701157) 718-447-7800 3109 HYLAN BLYD2, STATEN ISLAND, NY, 10306 ADMITTED RESIDENT NAME RESIDENT # PAGE

01/21/08

KARRON, MARION (771)

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FACILITY PHARMACY PHYSICIAN'S ORDER FORM SHORE PHARMACEUTI SILVER LAKE An Omnicare Com RESIDENT NAME & MEDICAL RECORD # UNIT ROOM BED DATE OF BIRTH SEX DATE OF ADMISS KARRON, MARION (771) 213 232 B 06/06/30 01/21/0 MEDICATION ORDERS OTHER ORDERS BLOOD PRESSURE AND WTS EVERY WEEK DATE DELIVERY START ADVANCE DIRECTIVES: **DO NOT RESUSCITATE** 01/21/08 A4584901 RISPERDAL O. 5MG TABLET NON HOSPITAL **DO NOT RESUSCITATE** 1 TAB BY MOUTH AT BEDTIME FOR ENSOMNIA ANTALOS DIET: CHECK & RECORD ORTHOSTATIO REGULAR WEEKLY 01/21/08 R (3236775 ACTIVITIES: LEVOTHYROXINE SODIUM 150MCG AS TOLERATED TABLET (S/F: SYNTHROID) 1 TAB BY MOUTH DAILY AT 5AM FOR THERAPY: HYPOTHYROIDISM **SEPARATE 2 HOURS PT ANNUAL 3-9 FROM CALCIUM** 01/21/08 R13236765 OT ANNUAL 3-9 LEVOTHYROXINE SODIUM 25MCG TABLET (S/F: SYNTHROID) ST. ANNUAL 3-9 1 TAB BY MOUTH DAILY AT 5AM FOR HYPOTHYROIDISM **SEPARATE 2 HOURS FLOOR PROGRAMS: FROM CALCIUM** PROM TO UPPER AND LOWER EXTREMITIES 01/21/08 R13236772 5-REPS EVERY SHIFT MAGNESIUM OXIDE 400MG TABLET 1 TAB BY MOUTH DAILY FOR LABORATORY: HYPOMAGNESIUM YEARLY H&P DUE 1-9 CBC, CMP, STOOL GUIAC EVERY 3 MONTHS 4-08 01/21/08 R13236704 METOPROLOL ER 50MG TAB. SR 24H (S/F: TOPROL XL) PREPARED BY: TIME: 1 TAB BY MOUTH DAILY FOR PICKED UP BY: HYPERTENSION VERIFIED BYTT DATE 679 VERIFIED BY: DATES 19/C 01/21/08 R13236749 NURSE'S REVIEW: MULTIVIT/MINERALS (CERTAVITE) LIQUID 15 MLS BY MOUTH DAILY FOR NUTRITIONAL SUPPLEMENT Signature *** (STOCK) *** THIS PRESCRIPTION WILL BE FILLED GENERICALLY 01/21/08 R13236789 UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW PAROXETINE 20MG TABLET 1 TAB BY MOUTH DAILY Concernor Dispense As Written 02/01/08 R1 28668 CONTINUED NEXT PAGE DIAGNOSIS / ICD9 CODE ALLERGY REVIEW DATE RESP FAILURE, COPD, AFIB, NO KNOWN ALLERGIES 05/05/08 HYPOTHYROIDISM, VDRF

RESIDENT NAME KARRON, MARION (771) 3109 HYLAN BLVD2, STATEN ISLAND, NY, 10306 ADMITTED

MARTIN KLAHR (BK0701157) 718-447-7800

PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER

RESIDENT #

PAGE

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PHYSICIAN'S ORDER FORM SHORE PHARMACEUTI SILVER LAKE An Omnicare Com DATE OF ADMISS RESIDENT NAME & MEDICAL RECORD # UNIT ROOM BED DATE OF BIRTH KARRON, MARION (771) 23 232 B 06/06/30 01/21/0 MEDICATION ORDERS OTHER ORDERS ETCO2 OM AND PRN TRACH CARE QS AND PRN TRACHEAL SUCTIONING QS AND PRN CHANGE INNER CANNULA OD AND PRM RESPIRATORY: VENTILATOR SETTING VT: _500__ RR: _14__ MODE: AC FIO2: 35-45% 50-60/, OTHER: exply Mechreen out to @ Wist, PNS wash Bid x lo days PICKED UP BY: VERIFIED BY: VERIFIED BY: MURSE'S REVIEW: TIME: Signature THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW Dispense As Written DIAGNOSIS / ICD9 CODE ALLERGY REVIEW DATE RESP FAILURE, COPD, AFIB, NO KNOWN ALLERGIES 05/05/08 HYPOTHYROIDISM, VDRF 04/30/08 PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER MARTIN KLAHR (BK0701157) 718-447-7800 3109 HYLAN BLVD*, STATEN ISLAND, NY, 10306 RESIDENT NAME RESIDENT # ADMITTED PAGE KARRON, MARION (771) 01/21/08

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PHYSICIAN'S ORDER FORM RESIDENT NAME & MEDICAL RECORD # MOUTH** SENNA TABLET

FACILITY SILVER LAKE PHARMACY

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DATE OF BIRTH DATE OF ADMISS UNIT ROOM BED 232 KARRON, MARION (771) 23 B 06/06/30 01/21/0 MEDICATION ORDERS OTHER ORDERS PREDNISONE 10MG TABLET T3, T4, T5H EVERY 3 MONTHS 7-8 Capp 1 TAB BY MOUTH DAILY RESTRAINTS: NONE 04/02/08 R13629994 HANDMITTENS AT ALL TIMES RELEASE EVERY HOURS X 15MINS FOR RDM AND HYGIENE PREVACID SOLUTAB 30MG TAB LIN DR 1 TAB BY MOUTH DAILY FOR GERD **DISSOLVE ON TONGUE OR IN HAND MITTENS RELEASE EVERY 2 HOURS AND NEEDED FOR ROM AND HYGIENE 01/21/08 R13236710 2 TABS BY MOUTH DAILY FOR CONSTIPATION ***(STOCK)*** 01/21/08 R13236699 VITAMIN B-1 (THIAMINE) 100MG TABLET (S/F: THIAMINE) 1 TAB BY MOUTH DAILY FOR ETOH 01/21/08 R13236737 CITRUS CALCIUM 200MG TABLET (S/F: CITRACAL PETITES + VIT D) 2 TABS BY MOUTH TWICE DAILY FOR OSTEOPOROSIS ***(STOCK)*** 03/07/08 R13462807 HEPARIN SODIUM 5000 UNITS/ML VIAL INJECT 1ML (5000UNITS) PREPARED BY: DATE: DATE: 3/5/00 DATES 3/00 SUBCUTANEOUSLY EVERY 12 HOURS FOR PICKED UP BY: VERIFIED BY: DVT PROPHYLAXIS VERIFIED BY: DOR DATES/ILL 01/21/08 R13236807 MURSE'S REVIEW: TIME: DXYCODONE/APAP 5MG/325MG TABLET (S/F: PERCOCET) 1 TAB BY MOUTH EVERY 8 HOURS AS NEEDED Signature TRIPLICATE REQUIRED THIS PRESCRIPTION WILL BE FILLED GENERICALLY 01/23/08 R13242588 UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW LORAZEPAM IMG TABLET (S/F: ATIVAN 1 TAB VIA G-TUBE EVERY 6 HOURS AS NEEDED FOR ANXIETY Dispense As Written TRIPLICATE REQUIRED 04/16/08 R135995 DIAGNOSIS / ICD9 CODE ALLERGY REVIEW DATE RESP FAILURE, COPD, AFIB, NO) MOMN 'ALLERGIES 05/05/08 HYPOTHYROIDISM, VDRF 04/30/08 PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER MARTIN KLAHR (BK0701157) 718-447-7800 3109 HYLAN BLVD2, STATEN ISLAND, NY, 10306

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KARRON, MARION (771)

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01/21/08

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RESIDENT NAME & MEDICAL RECORD # UNIT ROOM BED DATE OF BIRTH SEX DATE OF ADMISS 23 232 B 01/21/0 KARRON, MARION (771) 06/06/30 MEDICATION ORDERS OTHER ORDERS ACETAMINOPHEN 160MG/5ML ELIXIR (S/F: ZZ-TYLENOL) 20ML (640MG) BY MOUTH EVERY 4 HOURS AS NEEDED FOR PAIN OR TEMP >100.5 ***(STOCK)*** 01/21/08 R13236795 APPLY BACITRACIN DINTMENT TO RIGHT HANDE AFTER NORMAL SALINE WASH AND DRY STERILE DRESDING TWICE DAILY 04/25/08 A4719764 FLEET 19G-7G/118 ENEMA INSERT 1 RECTALLY EVERY 3 DAYS AS NEEDED IF NO BOWEL MOVEMENT(S) ***(STOCK)*** 01/21/08 R13236804 IPRATROPIUM BROM (62.5ML/BOX) O. 2MG/1ML SOLUTION 1 UNIT DOSE VIA NEBULIZER EVERY 4 HOURS FOR COPD 01/23/08 R13633056 ALBUTEROL 0.083% (75ML/BOX) O. 83MG/1ML SOLUTION 1 UNIT DOSE VIA NEBULIZER EVERY 4 HOURS AS NEEDED FOR WHEEZING 01/23/08 R13242825 PROSTAT 101 30ML IN 30ML WATER BY MOUTH THREE TIMES DAILY FOR PREPARED BY HYPOALBUMIN PICKED UP BY: DATE: 4 VERIFIED BY: DATE: VERIFIED BY: 01/21/08 A4584904 NURSE'S REVIEW: TIME: Signature THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW D2 SAT WITH VENT MONITORING AND PRN Dispense As Written DIAGNOSIS / ICD9 CODE ALLERGY **REVIEW DATE** RESP FAILURE, COPD, AFIB, NO KNOWN ALLERGIES 05/05/08 HYPOTHYROIDISM, VDRF 04/30/08 PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER MARTIN KLAHR (BK0701157) 718-447-7800 3109 HYLAN BLVD2, STATEN ISLAND, NY, 10306 RESIDENT NAME RESIDENT # ADMITTED PAGE



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FACILITY PHARIMACY PHYSICIAN'S ORDER FORM SILVER LAKE SHORE PHARMACEUTI RESIDENT NAME & MEDICAL RECORD # UNIT ROOM BED DATE OF BIRTH SEX DATE OF ADMISSI KARRON, MARION (771) 232 06/06/30 OTHER ORDERS D/C MEDICATION ORDERS DELIVERY DATE 6 BLOOD PRESSURE AND WIS EVERY WEEK ADVANCE DIRECTIVES: **DO NOT RESUSCITATE** 01/21/08 A4584901 RISPERDAL O. 5MG TABLET NON HOSPITAL **DO NOT RESUSCITATE** 1 TAB BY MOUTH AT BEDTIME FOR Sychosys CHECK & RECORD ORTHOSTATIC BP DIET: REGULAR WEEKLY 01/21/08 R13236775 ACTIVITIES: LEVOTHYROXINE SODIUM 150MCG AS TOLERATED TABLET (S/F: SYNTHROID) 1 TAB BY MOUTH DAILY AT SAM FOR THERAPY: HYPOTHYROIDISM **SEPARATE 2 HOURS PT ANNUAL 3-9 FROM CALCIUM** 01/21/08 R13236765 OT ANNUAL 3-9 LEVOTHYROXINE SODIUM 25MCG TABLET (S/F: SYNTHROID) ST. ANNUAL 3-9 1 TAB BY MOUTH DAILY AT SAM FOR HYPOTHYROIDISM **SEPARATE 2 HOURS FLOOR PROGRAMS: FROM CALCIUM** PROM TO UPPER AND LOWER EXTREMITIES 01/21/08 R13236772 5-REPS EVERY SHIFT MAGNESIUM DXIDE 400MG TABLET 1-TAB-BY MOUTH DAILY FOR LABORATORY: HYPOMAGNESIUM YEARLY H&P DUE 1-9 CBC, CMP, STOOL GUIAC EVERY 3 MONTHS 01/21/08 R13236704 METOPROLOL ER SOMG TAB. SR 24H (S/F: TOPROL XL) DATE: PREPARED BY: TIME DATE: 6/2 1 TAB BY MOUTH DAILY FOR PICKED UP BY: HYPERTENSION VERIFIED BY: DATE: 6/4 TIME: C VERIFIED BY: DATE: TIME: 01/21/08 813236749 NURSE'S REVIEW: MULTIVIT/MINERALS (CERTAVITE) LIQUID 15 MLS BY MOUTH DAILY FOR NUTRITIONAL SUPPLEMENT Signature *** (STOCK) *** THIS PRESCRIPTION WILL BE FILLED GENERICALLY 01/21/08 813236789 UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW PAROXETINE 20MG TABLET 1 TAB BY MOUTH DAILY FOR DEPRESSION Dispense As Written 02/01/08 R13286%96 CONTINUED NEXT PAGE DIAGNOSIS / ICD9 CODE ALLERGY REVIEW DATE ESP FAILURE, COPD, AFIB. MG KNOWN ALLERGIES 06/02/08 HYPOTHYROIDISM, VDRF 05/21/08

RESIDENT NAME

KARRON, MARION (771)

3109 HYLAN BLVD:, STATEN ISLAND, NY, 10306 ADMITTED

MARTIN KLAHR (BK0701157) 718-447-7800

PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER

RESIDENT #

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PHARMACY FACILITY PHYSICIAN'S SHORE PHARMACEUTI An Omnicare Cor ORDER FORM SILVER LAKE DATE OF BIRTH SEX DATE OF ADMISS BED ROOM UNIT RESIDENT NAME & MEDICAL RECORD # 1 01/21/08 06/06/30 232 7-1 28 KARRON, MARION (771) OTHER ORDERS MEDICATION ORDERS D/C T3, T4, TSH EVERY 3 MONTHS 7-8 PREDNISONE 10MG TABLET 1 TAB BY MOUTH DAILY FOR COPD RESTRAINTS: MOME HANDMITTENS AT ALL TIMES RELEASE EVERY 04/02/08 R13629994 HOURS X 15MINS FOR ROM AND HYGIENE PREVACID SOLUTAB BOMG TAB LIN DR 1 TAB BY MOUTH DAILY FOR GERD HAND MITTENS RELEASE EVERY 2 HOURS AND **DISSOLVE ON TONGUE OR IN NEEDED FOR ROM AND HYGIENE MOUTH## 01/21/08 R13236710 SENNA TABLET 2 TABS BY MOUTH DAILY FOR CONSTIPATION ***(STOCK)*** 01/21/08 R13236699 VITAMIN B-1 (THIAMINE) 100MG TABLET (S/F: THIAMINE) 1 TAB BY MOUTH DAILY FOR ETOH 01/21/08 R13236737 CITRUS CALCIUM 200MG TABLET (S/F: CITRACAL PETITES + VIT D) 2 TABS BY MOUTH TWICE DAILY FOR OSTEOPOROSIS ***(STOCK)*** 03/07/08 R13462807 HEPARIN SODIUM 5000 UNITS/ML VIAL INJECT 1ML (5000UNITS) PREPARED BY: DATE: SUBCUTAMEOUSLY EVERY 12 HOURS FOR 中ICKED UP BY DATE: 8 DVT PROPHYLAXIS TIME VERIFIED BY DATE: VERIFIED BY: DATE: TIME: 01/21/08 R13236807 NURSE'S REVIEW: TIME: DXYCODONE/APAP 5MG/325MG TABLET (S/F: PERCOCET) 1 TAB BY MOUTH EVERY 8 HOURS AS MEEDED Signature TRIPLICATE REQUIRED THIS PRESCRIPTION WILL BE FILLED GENERICALLY 01/23/08 R13242588 UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW LORAZEPAM 1MG TABLET (S/F: ATIVAN 1 TAB VIA G-TUBE EVERY 6 HOURS AS NEEDED FOR ANXIETY Dispense As Written TRIPLICATE REQUIRED 04/16/08 R13599541 DIAGNOSIS / ICD9 CODE REVIEW DATE ALLERGY RESP FAILURE, COPD, AFIB, NO KNOWN ALLERGIES 06/02/08 HYPOTHYROIDISM, VDRF 05/21/08

RESIDENT NAME

3109 HYLAN BLVD2, STATEN ISLAND, NY, 10306 ADMITTED

MARTIN KLAHR (BK0701157) 718-447-7800

734 7734 7750

PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER

RESIDENT #

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PHARMACY FACILITY PHYSICIAN'S SHORE PHARMACEUTI ORDER FORM SILVER LAKE SEX DATE OF ADMIS DATE OF BIRTH LIMIT ROOM BED BESIDENT NAME & MEDICAL RECORD # 01/21/06 06/06/30 232 1-1 KARRON, MARION (771) OTHER ORDERS MEDICATION ORDERS D/C ACETAMINOPHEN 160MG/5ML ELIXIR (S/F: ZZ-TYLENOL) 20ML (640MG) BY MOUTH EVERY 4 HOURS AS MEEDED FOR PAIN OR TEMP >100.5 ***(STOCK)*** 01/21/08 R13236795 05/30/08 HYDROCORTISONE 2.5% CREAM APPLY TO AFFECTED AREAS EVERY 12 HOURS FOR 14 MAYS 05/16/08 R13730075 FLEET 19G-7G/118 ENEMA INSERT 1 RECTALLY EVERY 3 DAYS AS NEEDED IF NO BOWEL MOVEMENT(S) ***(STOCK)*** 01/21/08 R13236804 IPRATROPIUM BROM (62.5ML/BOX) O. 2MG/1ML SOLUTION 1 UNIT DOSE VIA NEBULIZER EVERY 4 HOURS FOR COPD 01/23/08 R13633056 ALBUTEROL O. 083% (75ML/BOX) O.83MG/1ML SOLUTION 1 UNIT DOSE VIA NEBULIZER EVERY 4 HOURS AS NEEDED FOR WHEEZING 01/23/08 R13242825 PROSTAT 101 30ML IN 30ML WATER BY MOUTH THREE TIMES DAILY FOR PREPARED BY: DATE: HYPOALBUMIN DATE: PICKED UP BY: DATE: 6 VERIFIED BY VERIFIED BY: 01/21/08 A4584904 MURSE'S REVIEW: Signature THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW 02 SAT WITH VENTILATOR

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Dispense As Written

DIAGNOSIS / ICD9 CODE TESP FAILURE, COPD, AFIB, HYPOTHYROIDISM, VDRF

NO KNOWN ALLERGIES

REVIEW DATE

06/02/08

05/21/08

PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER MARTIN KLAHR (BK0701157) 718-447-7800 3109 HYLAN BLVD: STATEN ISLAND, NY, 10306

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PHYSICIAN'S SHORE PHALLAGEUTI SILLER LAKE ORDER FORM RESIDENT NAME & MEDICAL RECORD # DATE OF BIRTH SEX DATE OF ADMISSI UNIT BOOM BED KARRON, MARION (771) 06/06/30 01/21/08 213 232 77 OTHER ORDERS D/C MEDICATION ORDERS BLOOD PRESSURE AND WIS EVERY DELIVERY WEEK DATE START ADVANCE DIRECTIVES: **DO NOT RESUSCITATE** 01/21/08 64584901 RISPERDAL O. SMG TABLET NON HOSPITAL **DO NOT RESUSCITATE** 1 TAB BY MOUTH AT BEDTIME FOR ACITATION PSychons. DIET: CHECK & RECORD ORTHOSTATIC BP REGULAR WEEKLY 01/21/08 R13236775 ACTIVITIES: LEVOTHYROXINE SODIUM ISOMCG AS TOLERATED TABLET (S/F: SYNTHROID) 1 TAB BY MOUTH DAILY AT SAM FOR THERAPY: HYPOTHYROIDISM **BEPARATE 2 HOURS PT ANNUAL 3-9 FROM CALCIUM** 01/21/08 R13236765 OT ANNUAL 3-9 LEVOTHYROXINE SODIUM 25MCG TABLET (S/F: SYNTHROID) ST. ANNUAL 3-9 1 TAB BY MOUTH DAILY AT SAM FOR HYPOTHYROIDISM **SEPARATE 2 HOURS FLOOR PROGRAMS: FROM CALCIUM** PROM TO UPPER AND LOWER EXTREMITIES 01/21/08 R13236772 5-REPS EVERY SHIFT MAGNESIUM OXIDE 400MG TABLET 1 TAB BY MOUTH DAILY FOR LABORATORY: HYPOMAGNESIUM YEARLY H&P DUE 1-9 GBC, CMP, STOOL GUIAC EVERY 3 MONTHS 4-08 01/21/08 R13236704 METOPROLOL ER SOMG TAB SR 24H 6 (S/F: TOPROL XL) PREPARED BY: 1 TAB BY MOUTH DAILY FOR PICKED UP BY: 4 DATE: 6/304 TIME HYPERTENSION VERIFIED BY: DATE: VERIFIED BY: TIME 01/21/08 R13236749 MURSE'S REVIEW TIME: MULTIVITAMINERALS (CERTAVITE) HAUTO T tab 45 MLG BY MOUTH DAILY FOR NUTRITIONAL SUPPLEMENT ***(STOCK)*** Signature THIS PRESCRIPTION WILL BE FILLED GENERICALLY 01/21/08 R13236789 UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW PAROXETIME 20MG TABLET 1 TAB BY MOUTH DAILY FOR DEPRESSION Dispense As Written 02/01/08 R13285686 CONTINUED NEXT PAGE DIAGNOSIS/ICD9 CODE RESP FAILURE, COPD, AFIB, ALLERGY REVIEW DATE NO KNOWN ALLERGIES 06/05/08 HYPOTHYROIDISM, VDRF 06/01/08 PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER MARTIN KLAHR (BK0701157) 718-447-7800 3109 HYLAN BLVD:, STATEN ISLAND, MY, 10306 RESIDENT NAME ADMITTED RESIDENT # KARRON, MARION (771)

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-ACHILY PHARMACY PHYSICIAN'S SHORE PHARMACEUTI SILVER LAKE ORDER FORM BED DATE OF BIRTH DATE OF ADMISS RESIDENT NAME & MEDICAL RECORD # UNIT ROOM KARRON, MARION (771) 01/21/0 232 1-1 06/06/30 OTHER ORDERS D/C MEDICATION ORDERS PREDNISONE IOMG TABLET T3, T4, TSH EVERY 3 MONTHS 7-8 1 TAB BY MOUTH DAILY FOR COPD RESTRAINTS: MONE 04/02/08 R13629994 HAMDMITTENS AT ALL TIMES RELEASE EVERY PREVACID SOLUTAB BONG TAB LIN DR HOURS X 15MINS FOR ROM AND HYGIENE 1 TAB BY MOUTH DAILY FOR GERD **DISSOLVE ON TONGUE OR IN HAND MITTENS RELEASE EVERY 2 HOURS AND MOUTHER NEEDED FOR ROM AND HYGIENE 01/21/09 R13236710 SENNA TABLET 2 TABS BY MOUTH DAILY FOR CONSTIPATION *** (STOCK) *** 01/21/08 R13236699 VITAMIN B-1 (THIAMINE) 100MG TABLET (S/F: THIAMINE) 1 TAB BY MOUTH DAILY FOR ETCH 01/21/08 R13236737 CITRUS CALCIUM 200MG TABLET (S/F: CITRACAL PETITES + VIT D) 2 TABS BY MOUTH TWICE DAILY FOR OSTEOPOROSIS ***(STOCK)*** 03/07/08 R13462807 HEPARIN SODIUM 5000 UNITS/ML VIAL INJECT 1ML (5000UNITS) PREPARED BY: DATE SUBCUTANEOUSLY EVERY 12 HOURS FOR FICKED UP BY ALE DATE DVT PROPHYLAXIS VERIFIED BY: DATE VERIFIED BY: DATE TIME 01/21/08 R13236807 NURSE'S REVIEW TIME OXYCODONE/APAP SMG/325MG TABLET (S/F: PERCOCET) I TAB BY MOUTH EVERY 8 HOURS AS NEEDED TRIPLICATE REQUIRED Signature THIS PRESCRIPTION WILL BE FILLED GENERICALLY 01/23/09 R13242588 UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW LORAZEPAM IMG TABLET (S/F: ATIVAN 1 TAB WIA TUBE EVERY 6 HOURS AS NEEDED FOR ANXIETY

DIAGNOSIS / ICD9 CODE ESP FAILURE, COPD, AFIB. HYPOTHYROIDISM, VDRF

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ALLERGY KNOWN ALLERGIES

REVIEW DATE 06/05/08

06/01/08

PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER MARTIN KLAHR (BK0701157) 718-447-7800 3109 HYLAN BLVD2, STATEN ISLAND, NY, 10304

04/16/08 R139

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HACHITY PHARMACY PHYSICIAN'S SHORE PHA. MACEUTI SIL ER LAKE **ORDER FORM** RESIDENT NAME & MEDICAL RECORD # BOOM DATE OF BIRTH SEX DATE OF ADMISS LIMIT BED KARRON, MARION (771) 232 01/21/08 23 13 06/06/30 D/C MEDICATION ORDERS OTHER ORDERS ACETAMINOPHEN 160MG/5ML ELIXIR (S/F: ZZ-TYLENGL) 20ML (640MG) BY MOUTH EVERY 4 HOURS AS NEEDED FOR PAIN OR TEMP >100.5 ***(STOCK)*** 01/21/08 R13236775 FLEET 19G-7G/118 ENEMA INSERT 1 RECTALLY EVERY 3 DAYS AS NEEDED IF NO BOWEL MOVEMENT(S) *** (STOCK) *** 01/21/08 R13236804 IPRATROPIUM BROM (62.5ML/BOX) O. 2MG/IML SOLUTION 1 UNIT DOSE VIA NEBULIZER EVERY 4 HOURS FOR COPD 01/23/08 R13633056 ALBUTEROL O. 083% (75ML/BOX) O. 83MG/1ML SOLUTION 1 UNIT DOSE VIA NEBULIZER EVERY 4 HOURS AS NEEDED FOR WHEEZING 01/23/08 R13242825 PROSTAT 101 30ML IN 30ML WATER BY MOUTH THREE TIMES DAILY FOR HYPDALBUMIN 01/21/08 A4584904 PREPARED BY: FICKED UP BYX VERIFIED BY: DATE: VERIFIED BY: MURSE'S REVIEW: TIME OZ SAT WITH VENTILATOR MONITORING AND PRN Signature THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW ETCOZ OM AND PRN Dispense As Written RESP FAILURE, COPD, AFIB, ALLERGY REVIEW DATE NO KNOWN ALLERGIES 06/05/08 HYPOTHYROIDISM, VDRF 06/01/08

PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER
MARTIN KLAHR (BKO701157) 718-447-7800
3109 HYLAN BLVD2, STATEN ISLAND, NY, 10306

PHYSICIAN'S ORDER FORM FACILITY SILVER LAKE		FACILITY		PHARMACY			
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06/01/08

PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER
MARTIN KLAHR (BK0701157) 718-447-7800 3109 HYLAM BLVD:, STATEN ISLAND, NY, 10306



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Please place a checkmark in the box marked <u>Faxed</u> to indicate that the order was faxed to the Pharmacy. For tracking purposes please indicate the time the order was faxed.

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PHYSICIAN'S I IMITIVIMO I ORDER FORM SHORE PHARMACEUTI An Omnicare Compa SILVER LAKE DATE OF BIRTH RESIDENT NAME & MEDICAL RECORD # UNIT ROOM BED DATE OF ADMISSIO 06/06/30 01/21/08 13 130 KARRON, MARION (771) D/C MEDICATION ORDERS OTHER ORDERS T3, T4, TSH EVERY 3 MONTHS 7-8 PREDNISONE 10MG TABLET 1 TAB BY MOUTH DAILY FOR COPD UNG NOT RESTRAINTS: NONE HANDMITTENS AT ALL TIMES RELEASE EVERY & 04/02/08 R13629994 HOURS X 15MINS FOR ROM AND HYGIENE PREVACID SOLUTAB 30MG TAB LIN DR 1 TAB BY MOUTH DAILY FOR GERD HAND MITTENS RELEASE EVERY 2 HOURS AND & **DISSOLVE ON TONGUE OR IN MOUTH** yre. NGT NEEDED FOR ROM AND HYGIENE 01/21/08 R13925688 SENNA TABLET 2 TABS BY MOUTH DAILY FOR CONSTIPATION ***(STOCK)*** VIA NOT 01/21/08 R13236699 VITAMIN B-1 (THIAMINE) 100MG TABLET (S/F: THIAMINE) 1 TAB BY MOUTH DAILY FOR ETCH Una NOT 01/21/08 R13925692 CITRUS CALCIUM 200MG TABLET (S/F: CITRACAL PETITES + VIT D) 2 TABS BY MOUTH TWICE DAILY FOR OSTEOPOROSIS ***(STOCK)*** NG T 03/07/08 R13462807 HEPARIN SODIUM 5000 UNITS/ML VIAL INJECT 1ML (5000UNITS) PREPARED BY: PICKED UP BY: 15MCDGALGDATE: SUBCUTANEOUSLY EVERY 12 HOURS FOR VERIFIED BY: DATE: ONE TIME! DVT PROPHYLAXIS VERIFIED BY: DATE: 01/21/08 R13236807 NURSE'S REVIEW: TIME: OXYCODONE/APAP 5MG/325MG TABLET (S/F: PERCOCET) 1 TAB BY MOUTH EVERY 8 HOURS AS NEEDED NG 1 Signature TRIPLICATE REQUIRED THIS PRESCRIPTION WILL BE FILLED GENERICALLY 01/23/08 R13242588 UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW LORAZEPAM 1MG TABLET (S/F: ATIVAN 1 TAB VIANG-TUBE EVERY 6 HOURS AS NEEDED FOR ANXIETY Dispense As Written TRIPLICATE REQUIRED 04/16/08 DIAGNOSIS:/ ICD9 CODE ALLERGY REVIEW DATE RESP FAILURE, COPD, AFIB, NO KNOWN ALLERGIES 07/16/08 HYPOTHYROIDISM, VDRF 07/06/08 PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER MARTIN KLAHR (BK0701157) 718-447-7800

RESIDENT NAME
KARRON, MARION (771)

ADMITTED

3109 HYLAN BLVD2, STATEN ISLAND, NY, 10306

RESIDENT #

PAGE 2 OF 4

CHAINICIUM ORDER FORM SHORE PHARMACEUTI An Omnicare Compa SILVER LAKE DATE OF BIRTH UNIT ROOM BED DATE OF ADMISSION RESIDENT NAME & MEDICAL RECORD # 130 06/06/30 01/21/08 1 13 KARRON, MARION (771) OTHER ORDERS D/C MEDICATION ORDERS ACETAMINOPHEN 160MG/5ML ELIXIR (S/F: ZZ-TYLENOL) 20ML (640MG) BY HOUTH EVERY 4 HOURS AS NEEDED FOR PAIN OR TEMP on NaT >100.5 ***(STOCK)*** 01/21/08 R13236795 FLEET 19G-7G/118 ENEMA INSERT 1 RECTALLY EVERY 3 DAYS AS NEEDED IF NO BOWEL MOVEMENT(S) ***(STOCK)*** 01/21/08 R13236804 IPRATROPIUM BROM (62.5ML/BOX) O. 2MG/IML SOLUTION 1 UNIT DOSE VIA NEBULIZER EVERY 4 HOURS FOR COPD 01/23/08 R13633056 ALBUTEROL 0.083% (75ML/BOX) O. 83MG/1ML SOLUTION 1 UNIT DOSE VIA NEBULIZER EVERY 4 HOURS AS NEEDED FOR WHEEZING 01/23/08 R13242825 PROSTAT 101 30ML IN 30ML WATER BY MOUTH THREE TIMES DAILY FOR HYPOALBUMIN UNE NGT 01/21/08 A4584904 PREPARED BY: PICKED UP BY: 6 WORMED TIME; W VERIFIED BY: DATE:/ VERIFIED BY: NURSE'S REVIEW: O2 SAT WITH VENTILATOR MONITORING AND PRN Signature THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW ETCO2 QM AND PRN Dispense As Written DIAGNOSIS / ICD9 CODE ALLERGY REVIEW DATE RESP FAILURE, COPD, AFIB, NO KNOWN ALLERGIES 07/16/08 HYPOTHYROIDISM, VDRF 07/06/08 PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER

RESIDENT NAME

3109 HYLAN BLVD:, STATEN ISLAND,/NY, 10306 ADMITTED

MARTIN KLAHR (BK0701157) 718-447-7800

RESIDENT #

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RESIDENT NAME

ADMITTED 01/21/08 RESIDENT #

PAGE 4 OF



Please place a checkmark in the box marked <u>Faxed</u> to indicate that the order was faxed to the Pharmacy. For tracking purposes please indicate the time the order was faxed.

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RESIDENT NAME

KARRON, MARION (771)

ADMITTED

3109 HYLAN BLVD2, STATEN ISLAND, NY, 10306

MARTIN KLAHR (BK0701157) 718-447-7800

RESIDENT #

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01/21/08

PHY SICI	AN'5	I FIOT / I	TIATUVAC				
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ORDER FORM SILVER LAKE SHORE PHARMACEUTI RESIDENT NAME & MEDICAL RECORD # UNIT ROOM BED DATE OF BIRTH SEX DATE OF ADMISS KARRON, MARION (771) 130 06/06/30 F 01/21/0 1 13 D/C MEDICATION ORDERS OTHER ORDERS LORAZEPAM 1MG TABLET (S/F: ATIVAN) CRUSH AND GIVE 1 TAB VIA G-TUBE EVERY & HOURS AS NEEDED (MDD=4)TRIPLICATE REQUIRED 07/09/08 R13954595 ACETAMINOPHEN 160MG/5ML ELIXIR (S/F: ZZ-TYLENOL) 20ML (640MG) BY MOUTH EVERY 4 HOURS AS NEEDED FOR PAIN OR TEMP >100.5 ***(STOCK)*** 01/21/08 R13236795 APPLY BACITRACIN DINTMENT TO SKIN TEAR ON RIGHT LEG WITH DRY STERILE DRESSING TWICE DAILY 07/04/08 A4812544 08/14/08 SILVER SULFADIAZINE 1% CREAM (S/F: SILVADENE) APPLY CREAM TO SACRAL EXCORIATION AFTER NORMAL SALINE WASH EVERY SHIFT FOR 14 DAYS 07/31/08 R14047457 FLEET 19G-7G/118 ENEMA INSERT 1 RECTALLY EVERY 3 DAYS AS PREPARED BY: DATE: TIME: PICKED UP BY: SCP MGLO VERIFIED BY: 200106 DATE: NEEDED IF NO BOWEL MOVEMENT(S) TIME: VERIFIED BY: NURSE / NURSE / S *** (STOCK) *** TIMEGO DATE: TIME: TIME: 01/21/08 R13236804 NURSE'S REVIEW: IPRATROPIUM BROM (62.5ML/BOX) O. 2MG/IML SOLUTION 1 UNIT DOSE VIA NEBULIZER EVERY 4 HOURS FOR COPD Signature THIS PRESCRIPTION WILL BE FILLED GENERICALLY 01/23/08 R14016764 UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW ALBUTEROL O. 083% (75ML/BOX) O. 83MG/1ML SOLUTION 1 UNIT DOSE VIA NEBULIZER EVERY 4 HOURS AS NEEDED FOR WHEEZING Dispense As Written 01/23/08 DIAGNOSIS / ICD9 CODE ALLERGY REVIEW DATE RESP FAILURE, COPD, AFIB, NO KNOWN, ALLEKGIES 08/13/08 HYPOTHYROIDISM, VDRF 8/20/0 8 08/04/08 PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER MARTIN KLAHR (BK0701157) 718-447-7800 3109 HYLAN BLVD2, STATEN ISLAND, NY, 10306 RESIDENT NAME RESIDENT # PAGE ADMITTED

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KARRON, MARION (771)

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RESIDENT NAME KARR	ON, MARION (7:	71)			ADMITTED 01/21/08	RESIDENT #	PAGE 5 OF	



Please place a checkmark in the box marked <u>Faxed</u> to indicate that the order was faxed to the Pharmacy. For tracking purposes please indicate the time the order was faxed.

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Please place a checkmark in the box marked Faxed to indicate that the order was faxed to the Pharmacy. For tracking purposes please indicate the time the order was faxed.

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DO NOT USE THIS FORM UNLESS A NUMBER IS SHOWING





Please place a checkmark in the box marked <u>Faxed</u> to indicate that the order was faxed to the Pharmacy. For tracking purposes please indicate the time the order was faxed.

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Please place a checkmark in the box marked <u>Faxed</u> to indicate that the order was faxed to the Pharmacy. For tracking purposes please indicate the time the order was faxed.

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FACILITY PHARMACY PHYSICIAN'S **ORDER FORM** SIL JER LAKE SHORE PHANMACEUTI An Omnicare Con DATE OF BIRTH RESIDENT NAME & MEDICAL RECORD # UNIT ROOM BED SEX DATE OF ADMISS 06/06/30 KARRON, MARION (771) 13 130 P. 01/21/0 MEDICATION ORDERS OTHER ORDERS BLOOD PRESSURE AND WTS EVERY WEEK DELIVERY DATE ADVANCE DIRECTIVES: **DO NOT RESUSCITATE** 01/21/08 A4584901 LEVOTHYROXINE SODIUM 150MCG NON HOSPITAL **DO NOT RESUSCITATE** TABLET (S/F: SYNTHROID) 1 TAB VIA NASAL GASTRIC TUBE AT DIET: SAM FOR HYPOTHYROIDISM **SEPARATE REGULAR 2 HOURS FROM CALCIUM** 01/21/08 R13925664 ACTIVITIES: PAROXETINE HCL 40MG TABLET AS TOLERATED 1 TAB VIA THANK GASTRIC TUBE EVERY 24 HOURS FOR DEPRESSION THERAPY: PT ANNUAL 3-9 07/16/08 R13982930 OT ANNUAL 3-9 RISPERIDONE O. 5MG TABLET 1 TAB VIA NASAL GASTRIC TUBE AT ST. ANNUAL 3-9 BEDTIME FOR PSYCHOSIS CHECK & RECORD ORTHOSTATIC BP FLOOR PROGRAMS: PROM TO UPPER AND LOWER EXTREMITIES 07/02/08 R13927473 5-REPS EVERY SHIFT LEVOTHYROXINE SODIUM 25MCG TABLET (S/F: SYNTHROID) LABORATORY: 1 TAB VIA NASAL GASTRIC TUBE YEARLY H&P DUE 1-9 DAILY AT SAM FOR HYPOTHYROIDISM **SEPARATE 2 HOURS FROM CALCIUM** 01/21/08 R13925660/ MAGNESIUM OXIDE 400MG TABLET 1 TAB VIA -NASAC GASTRIC TUBE PREPARED BY: DATE: DAILY FOR HYPOMAGNESIUM PICKED UP BY: VERIFIED BY: VERIFIED BY: DATE: 01/21/08 R13798716 NURSE'S REVIEW: METOPROLOL ER 50MG TAB SR 24H (S/F: TOPROL XL)

1 TAB VIA NASAL GASTRIC TUBE

DAILY FOR HYPERTENSION

01/21/08 R13798717

MULTIVIT/MINERALS (CERTAVITE)

15ML VIA MASAL GASTRIC TUBE DAILY FOR NUTRITIONAL SUPPLEMENT SKIN

07/30/08 R14040944

CBC, CMP, STOOL GUIAC EVERY 3 MONTHS 4-08

DATE: 9/20

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Signature

THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW

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CONTINUED NEXT PAGE

DIAGNOSIS / ICD9 CODE RESP FAILURE, COPD, AFIB, HYPOTHYROIDISM, VDRF

NO KNOWN ALLERGIES

ALLERGY

REVIEW DATE 09/10/08 9122/08

09/01/08

PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER MARTIN KLAHR (BK0701157) 718-447-7800 3109 HYLAN BLVD2, STATEN ISLAND, MY, 10306

FACILITY

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RESIDENT NAME & MEDICAL RECORD # UNIT ROOM BED DATE OF BIRTH SEX DATE OF ADMISS 06/06/30 01/21/0 KARRON, MARION (771) 13 130 B OTHER ORDERS MEDICATION ORDERS D/C T3, T4, T5H EVERY 3 MONTHS 2-8 PREDNISONE 10MG TABLET 1 TAB VIA WASAL GASTRIC TUBE DAILY FOR COPD RESTRAINTS: MONE 04/02/08 R13629994 HAND MITTENS RELEASE EVERY 2 HOURS AND PREVACID SOLUTAB 30MG TAB LIN DR NEEDED FOR ROM AND HYGIENE 1 TAB VIA NASAL GASTRIC TUBE DAILY FOR GERD **DISSOLVE ON TONGUE OR IN MOUTH** 01/21/08 R13925688 SENNA TABLET 2 TABS VIA MASAL GASTRIC TUBE DAILY FOR CONSTIPATION ***(STOCK)*** 01/21/08 R13236699 VITAMIN B-1 (THIAMINE) 100MG TABLET (S/F: THIAMINE) 1 TAB VIA NASAL GASTRIC TUBE DAILY FOR ETOH 01/21/08 R13925692 CHOLESTYRAMINE 4GM PACKET (5/F: QUESTRAN) 1 PACKET MIX WITH 80Z OF WATER VIA G-TUBE EVERY 12 HOURS 08/08/08 R14080900 CITRUS CALCIUM 200MG TABLET (S/F: CITRACAL PETITES + VIT D) PREPARED BY: DATE: 2 TABS VIA NASAL GASTRIC TUBE PICKED UP BY: 6 DATE: G/DO TIME:3-TWICE DAILY FOR OSTEOPOROSIS VERIFIED BY: DATE: ***(STOCK)*** VERIFIED BY: DATE: TIME: 03/07/08 R13462807 NURSE'S REVIEW: HEPARIN SODIUM 5000 UNITS/ML VIAL INJECT 1ML (5000UNITS) SUBCUTANEOUSLY EVERY 12 HOURS FOR DVT PROPHYLAXIS Signature THIS PRESCRIPTION WILL BE FILLED GENERICALLY 01/21/08 R13236807 UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW DXYCODONE/APAP SMG/325MG TABLET (S/F: PERCOCET) 1 TAB VIA NASAC GASTRIC TUBE EVERY 8 HOURS AS NEEDED Dispense As Written TRIPLICATE REQUIRED 01/23/08 R13242568 DIAGNOSIS / ICD9 CODE ALLERGY REVIEW DATE RESP FAÍLURE, COPD, AFIB, NO KNOWN ALLERGIES 09/10/08 HYPOTHYROIDISM, VDRF 09/01/08 PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER MARTIN KLAHR (BK0701157) 718-447-7800 3109 HYLAN BLVD2, STATEN ISLAND, NY, 10306

PHYSICIAN'S **ORDER FORM**

KARRON, MARION (771)

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01/21/08

DATE OF BIRTH RESIDENT NAME & MEDICAL RECORD # ROOM DATE OF ADMISS UNIT BED 13 KARRON, MARION (771) 130 4 06/06/30 01/21/0 OTHER ORDERS D/C MEDICATION ORDERS DXYCODONE/APAP 5MG/325MG TABLET (S/F: PERCOCET) CRUSH AND GIVE 1 TAB VIA G-TUBE EVERY 8 HOURS AS NEEDED (MDD=3)** CAUTION - APAP MAX DOSE 4GM/24HRS TRIPLICATE REGUIRED Backopan topical to pej 9 go 08/20/08 R14128594 LORAZEPAM 1MG TABLET (S/F: ATIVAN CRUSH AND GIVE 1 TAB VIA G-TUBE EVERY 6 HOURS AS NEEDED (MDD=4)TRIPLICATE REQUIRED fateten/pwnIVPBg/20 days 9/22/08 07/09/08 R13954595 ACETAMINOPHEN 160MG/5ML, ELIXIR peg Jube (S/F: ZZ-TYLENOL) 20ML (640MG) BY MOUTH EVERY 4 HOURS AS NEEDED FOR PAIN OR TEMP >100.5 ***(STOCK)*** 01/21/08 R13236795 APPLY BACITRACIN DINTMENT TO SKIN TEAR ON RIGHT LEG WITH DRY PREPARED BY: DATE: STERILE DRESSING TWICE DAILY PICKED UP BY DATE: VERIFIED BY: DATE VERIFIED BY: DATE: 07/04/08 A4812544 NURSE'S REVIEW: SILVER SULFADIAZINE 1% CREAM (S/F: SILVADENE) APPLY TO LEFT LEG WITH NORMAL SALINE CLEANSE TWICE DAILY Signature THIS PRESCRIPTION WILL BE FILLED GENERICALLY 08/12/08 R14091468 UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW SILVER SULFADIAZINE 1% CREAM (S/F: SILVADENE) AFTER NORMAL SALINE WASH APPLY TO SACRUM EVERY SHIFT FOR STG-II Dispense As Written 08/14/08 R14106603 DIAGNOSIS / ICD9 CODE ALLERGY REVIEW DATE FAILURE, COPD, AFIB, NO KNOWN ALLERGIES 09/10/08 HYPOTHYROIDISM, VDRF 09/01/08 PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER MARTIN KLAHR (BK0701157) 718-447-7800 3109 HYLAN BLVD2, STATEN ISLAND, NY, 10306 ADMITTED RESIDENT NAME RESIDENT #

PHYSICIAN'S ORDER FORM

RESIDENT NAME & MEDICAL RECORD #

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01/21/08 KARRON, MARION (771) 18 130 06/06/30 OTHER ORDERS MEDICATION ORDERS D/C FLEET 19G-7G/118 ENEMA INSERT 1 RECTALLY EVERY 3 DAYS AS NEEDED IF NO BOWEL MOVEMENT(S) ***(STOCK)*** 01/21/08 R13236804 IPRATROPIUM BROM (62.5ML/BOX) O. 2MG/1ML SOLUTION 1 UNIT DOSE VIA NEBULIZER EVERY 4 HOURS FOR COPD 01/23/08 R14016764 ALBUTEROL O. 083% (75ML/BOX) O. B3MG/1ML SOLUTION 1 UNIT DOSE VIA NEBULIZER EVERY 4 HOURS AS NEEDED FOR WHEEZING 01/23/08 R13990649 PROSTAT 101 30ML IN 30ML WATER BY MOUTH THREE TIMES DAILY FOR HYPOALBUMIN 01/21/08 A4584904 GTUBE FEEDS OF PERATIVE 250ML Q4H CWITH H20 FLUSH OF 150ML' GAH-ON ENTERAL PUMP AT PSML/HR 65 Cyph, TOTAL CALORIES: TOTAL ML: POSITION SEMI FOWLERS REASON: NUTRITIONAL SUPPORT PREPARED BY: DATE: DATE: 9 PICKED UP BY: (DATE: 2/24 TIMELO VERIFIED BY: -VERIFIED BY: DATE: 08/15/08 A4843445 NURSE'S REVIEW: Signature THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW WITH VENTIL ATT MONITORING JAND PRN Dispense As Written DIAGNOSIS / ICD9 CODE ALLERGY REVIEW DATE RESP FAILURE, COPD, AFIB, NO KNOWN ALLERGIES 09/10/08 HYPOTHYROIDISM, VDRF 09/01/08 PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER MARTIN KLAHR (BK0701157) 718-447-7800

RESIDENT NAME
KARRON, MARION (771)

ADMITTED 01/21/08

3109 HYLAN BLVD2, STATEN ISLAND, NY, 10306

RESIDENT #

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4 OF

FACILITY PHARMACY PHYSICIAN'S SHORE PHANMACEUTI **ORDER FORM** SILVER LAKE An Omnicare Con RESIDENT NAME & MEDICAL RECORD # UNIT ROOM BED DATE OF BIRTH DATE OF ADMISS KARRON, MARION (771) 1 13 130 A 06/06/30 01/21/0 MEDICATION ORDERS OTHER ORDERS D/C ETCO2 OM AND PRN TRACH CARE QS AND PRN TRACHEAL SUCTIONING OS AND PRN CHANGE INNER CANNULA OD AND PRN PNV WITH FAMILY DNLY RESPIRATORY: VENTILATOR SETTINGS: PREPARED BY: DATE: VT: _500__ RR: _16__ DATE: 9/2 FICKED UP BY: DATE: TACTIME C MODE: AC FIO2: 35-45% VERIFIED BY: OTHER: VERIFIED BY: NURSE'S REVIEW: CRC, CM Signature THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW Dispense As Written DIAGNOSIS / ICD9 CODE ALLERGY REVIEW DATE NO KNOWN ALLERGIES

RESP FAILURE, COPD, AFIB, HYPOTHYROIDISM, VDRF

09/10/08

09/01/08

PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER MARTIN KLAHR (BK0701157) 718-447-7800 3109 HYLAN BLVD2, STATEN ISLAND, NY, 10306



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RESIDENT NAME & MEDICAL RECORD # UNIT ROOM DATE OF BIRTH SEX DATE OF ADMISS KARRON, MARION (363) 1BV 06/06/30 130 OTHER ORDERS MEDICATION ORDERS DELIVERY DATE 10/2 - START DATE BLOOD PRESSURE AND WIS EVERY WEEK ADVANCE DIRECTIVES: **DO NOT RESUSCITATE** 01/21/08 A4916101 PAROXETINE HCL 40MG TABLET (S/F: NON HOSPITAL **DO NOT RESUSCITATE** PAXIL) 1 TAB CRUSH AND GIVE VIA MASAL DIET: GASTRIC TUBE EVERY 24 HOURS FOR REGULAR DEPRESSION 10/02/08 R14296014 ACTIVITIES: RISPERIDONE O. 5MG TABLET (S/F: AS TOLERATED RISPERDAL) 1 TAB CRUSH AND GIVE VIA WASAL THERAPY: GASTRIC TUBE AT BEDTIME FOR PT ANNUAL 3-9 PSYCHOSIS CHECK & RECORD ORTHOSTATIC BP OT ANNUAL 3-9 WEEKLY ST. ANNUAL 3-9 Arvan lyguaglT FLOOR PROGRAMS: PROM TO UPPER AND LOWER EXTREMITIES 10/02/08 R14296015 5-REPS EVERY SHIFT LEVOTHYROXINE SODIUM 150MCG TABLET (S/F: SYNTHROID) LABS: 1 TAB CRUSH AND GIVE VIA NASAL YEARLY H&P DUE 1-9 GASTRIC TUBE DAILY AT 5AM FOR HYPOTHYROIDISM **SEPARATE 2 HOURS CBC, CMP, STOOL GUIAC EVERY 3 MONTHS 4-08 FROM CALCIUM** 10/02/08 R14296012 LEVOTHYROXINE SODIUM 25MCG TABLET (S/F: SYNTHROID) TIME: PREPARED BY: DATE: DATE: 117 PICKED UP BY: 1 TAB CRUSH AND GIVE NASAL DATE: NIES TIME! GASTRIC TUBE DAILY AT SAM FOR VERIFIED BY: VERIFIED BY: HYPOTHYROIDISM **SEPARATE 2 HOURS DATE: ' TIME: NURSE'S REVIEW: FROM CALCIUM** 10/02/08 R14296019 MAGNESIUM OXIDE 400MG TABLET 1 TAB CRUSH AND GIVE VIA NASAL GASTRIC TUBE DAILY FOR HYPOMAGNESIUM PRESCRIPTION WILL BE FILLED GENERICALLY 10/02/08 R14296021 UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW MULTIVIT/MINERALS (CERTAVITE) 15 MLS VIA NASAL GASTRIC TUBE DAILY FOR NUTRITIONAL SUPPLEMENT Dispense As Written SKIN TEAR ***(STOCK) *** 10/02/08 R14296023 CONTINUED NEXT PAGE DIAGNOSIS / ICD9 CODE ALLERGY REVIEW DATE RESP FAILURE, COPD, AFIB, NO KNOWN ALLERGIES 10/20/08 HYPOTHYROIDISM, VDRF

> PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER MARTIN KLAHR (BK0701157) 718-447-7800 3109 HYLAN BLVD2, STATEN ISLAND, NY, 10306

10/04/08

PHYSICIAN'S ORDER FORM

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SHORE PHANMACEUTI

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HESIDENT NAM	WE & WEDICAL RECORD #		UNIT	HOOM	BED	DATE OF BIRTH	SEX DATE OF ADMIS:
KAR	RON, MARION (363)	1	BV	130	A	06/06/30	F 10/02/0
D/C	MEDICATION ORDERS			-		ER ORDERS	177 tine / 3a/
	PREDNISONE 10MG TABLET		TA.	TA. TSH	EVERY 3	MONTHS 7	10/08
	1 TAB CRUSH AND GIVE VIA G-TU	to ver	1 577	1-77 (63)1	A Y A 1 1 1	11021411102 7	()
	DAILY FOR COPD	AD I			ging Apres	and only had a sin of the last the	
	DUTTA LOW COLD		/		R ka	STRAINTS:	
		/	NON	Æ			
		V					
	10/02/08 R1429	6025	HAN	D MITTE	NS RELE	ASE EVERY	2 HOURS AND
	PREVACID SOLUTAB 30MG TAB LIN	DR	NEE	DED FOR	ROM AN	D HYGIENE	2,61
	1 TAB VIA G-TUBE DAILY FOR GE	RD					D/c'd
	**DISSOLVE ON TONGUE OR IN	1 1 600					
	MOUTH**						
	LICYCY I LINEAG	/	57				
		1					
	10/02/08 R1429	6028					
	SENNA TABLET						
	2 TABS VIA G-TUBE DAILY FOR						
	CONSTIPATION ***(STOCK)***						
		/	=				
	4 /5 / 5 /5 /5 /5 /5 /5 /5 /5 /5 /5 /5 /5	V					
	10/02/08 R1429	OUMY					
	VITAMIN B-1 (THIAMINE) 100MG						
	TABLET						
	1 TAB VIA G-TUBE DAILY FOR ET	OH					
		1					
	10/02/08 R1429	4030					
	CHOLESTYRAMINE 4GM PACKET	1407 327 1427 147					
. / \	MIX 1 PACKET IN 8-02 OF WATER						
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	THEN GIVE VIA G-TUBE EVERY 12						
	HOURS	/	<i>Y</i> **				
		V					
	10/02/08 R1430	0508					
	CITRUS CALCIUM 200MG TABLET						
	2 TABS VIA G-TUBE TWICE DAILY	FOR	PRE	PARED B	Y:	DATE	: TIME:_
	OSTEOPOROSIS ***(STOCK)***			KED UP	recommendation to construct and a	_/ DATE	
	me no 1 and south fine for my me and a second fine for the first f		111111111111111111111111111111111111111	IFIED B	- arregaderes butter	The DATE	andrefusefreships !
		/					
		V		IFIED B		DATE	
	10/02/08 R1429		MOR	SE'S RE	VIEW:		TIME:
	HEPARIN SODIUM 5000 UNITS/ML	VIAL	^				
	INJECT 1ML (5000 UNITS)			_			
	SUBCUTANEOUSLY EVERY 12 HOURS	FOR		(8	ta.		In/anlas
	DVT PROPHYLAXIS				Co M		Date: 10 000
		/	K	mv ma nn	Signature		TED SCIENCE
	10/02/08 R1429	ACCA				VILL BE FILLED GE	
	METOPROLOL SONG TABLET 2500	mar her Cast 1		UNLESS P	RESCRIBER W.	RITES "daw" IN THE	E BOX BELOW
	1 TAB CRUSH AND SIVE VIA G-TU	Y") 7""					
	EVERY 12 HOURS FOR AVPERTENSI	MU			,		
					Diene	ense As Written	
		1			Dispe	noc 115 million	
	10/02/08 R1429	6035					
	DIAGNOSIS / ICD9 CODE			ALLE	RGY		REVIEW DATE
RESP FAI	LURE, COPD, AFIB, NO KI	NOWN	ALLE	RGIES			10/20/08
	OTHYROIDISM, VDRF			,n grow half			on the e man last of had land
}							
							10/04/08
	DUNGSON	ANDO MA	ME TELES	NOVE VILLAGE	D O DEA MUNICIPA	-D	10/04/08
	[PHYSICI	AN C MA	IVIE, IELEH	LUONE NOMBE	R & DEA NUMBI	=m	

MARTIN KLAHR (BK0701157) 718-447-7800

3109 HYLAN BLVD:, STATEN ISLAND, NY, 10306

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SHORE PHARMACEUTI

PHARMACY



RESIDENT NAME & MEDICAL RECORD # UNIT ROOM BED DATE OF BIRTH SEX DATE OF ADMIS KARRON, MARION (363) 197 130 06/06/30 10/02/0 OTHER ORDERS D/C MEDICATION ORDERS METOPROLOL 25MG TABLET 1 TAB CRUSH AND GIVE VIA MARKET GASTRIC TUBE EVERY 12 HOURS 10/02/08 R14296037 MYLANTA GENERIC LIQUID (S/F: MYLANTA) APPLY TO G-TUBE SITE ABCESS EVERY SHIFT ***(STOCK)*** 10/02/08 R14296038 ACETAMINOPHEN 160MG/5ML ELIXIR 20 MLS (640MG) BY MOUTH EVERY 4 HOURS AS NEEDED FOR PAIN OR TEMP >100.5 ***(STOCK)*** ** CAUTION -APAP MAX DOSE 4GM/24HRS ** 10/02/08 R14296040 IPRATROPIUM BROM (62.5ML/BOX) O. 2MG/1ML SOLUTION 1 UNIT DOSE VIA NEBULIZER EVERY 4 HOURS FOR COPD 10/02/08 R14301595 ALBUTEROL 0.083% (75ML/BOX) O. 83MG/1ML SOLUTION 1 UNIT DOSE VIA NEBULIZER EVERY 4 HOURS AS NEEDED FOR WHEEZING 10/02/08 R14296047 PROSTAT 101 30ML IN 30ML WATER JY MOUTH THREE TIMES DAILY FOR PREPARED BY: DATE: TIME: HYPDALBUMIN VAR G- 7 DATE: / PICKED UP BY; VERIFIED BY: DATE: /C TIME: VERIFIED BY: DATE: TIME: 01/21/08 A4916106 NURSE'S REVIEW: TIME: GTUBE FEEDS OF PERATIVE 250ML GAH WITH H20 FLUSH OF 150ML GAH ON ENTERAL PUMP AT 95ML/HR Signature TOTAL CALORIES: THIS PRESCRIPTION WILL BE FILLED GENERICALLY TOTAL ML: 1600 UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW POSITION SEMI FOWLERS REASON: NUTRITIONAL SUPPORT Dispense As Written 08/15/08 A4916108 DIAGNOSIS / ICD9 CODE ALLERGY REVIEW DATE RESP FAILURE, COPD, AFIB, NO KNOWN ALLERGIES 10/20/08 HYPOTHYROIDISM, VDRF 10/04/08 PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER MARTIN KLAHR (BK0701157) 718-447-7800

3109 HYLAN BLVD2, STATEN ISLAND, NY, 10306

FAUILIY PHARMACY PHI DICIAN 3 ORDER FORM SILVER LAKE VENT | SHORE PHARMACEUTI An Omnicare Con-RESIDENT NAME & MEDICAL RECORD # UNIT ROOM BED DATE OF BIRTH SEX DATE OF ADMISS KARRON, MARION (363) 1BV 130 06/06/30 10/02/0 D/C MEDICATION ORDERS OTHER ORDERS APPLY BACITRACIN DINTMENT TO SKIN TEAR ON RIGHT LEG WITH DRY STERILE DRESSING PWICE DAILY 07/04/08 A4916102 MUPIROCIN 2% DINT (GM) (S/F: BACTROBAN) APPLY TOPICAL TO AFFECTED AREA(S) EVERY SHIP 10/02/08 R14296041 SILVER SULFADIAZINE 1% CREAM (S/F: SILVADENE) AFTER NORMAL SALINE WASH APPLY TO SACRUM EVERY SHIFT FOR STG-2 10/02/08 R14300187 FLEET 19G-7G/118 ENEMA INSERT 1-ENEMA RECTALLY EVERY 3 DAYS AS NEEDED IF NO BOWEL MOVEMENT(S) ***(STOCK)*** 10/02/08 R14296044 D2 SAT WITH VENTILATOR PREPARED BY: DATE: TIME MONITORING AND PRN PICKED UP BY: DATE: VERIFIED BY: 1 DATE: 10 VERIFIED BY: DATE: TIME: NURSE'S REVIEW: TIME: ETCO2 QM AND PRN Signature THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW TRACH CARE QS AND PRN Dispense As Written DIAGNOSIS / ICD9 CODE REVIEW DATE ALLERGY RESP FAILURE, COPD, AFIB, NO KNOWN ALLERGIES 10/20/08

HYPOTHYROIDISM, VDRF

10/04/08

PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER

MARTIN KLAHR (BKO701157) 718-447-7800 3109 HYLAN BLVD2, STATEN ISLAND, NY, 10306

SILVER LAKE VENT

FACILITY

SHORE PHARMACEUTI

PHARMACY

An Omnicare Con

RESIDENT NAME & MEDICAL RECORD # SEX DATE OF ADMIS ROOM BED DATE OF BIRTH KARRON, MARION (363) 1 BV 06/06/30 F 10/02/0 130 OTHER ORDERS D/C MEDICATION ORDERS TRACHEAL SUCTIONING OS AND PRN osophanyment suction gehill CHANGE INNER CANNULA QD AND PRN PMV WITH FAMILY DNLY RESPIRATORY: VENTILATOR SETTINGS: VT: _500__ RR: _16__ MODE: AC FIO2: 35-45% OTHER: T3, T4 T3/ Pereocel 5/325 Ttab 98hrs PREPARED BY: __ DATE: PICKED UP BY: DATE: WOO TIME! DATE:10/23 TIME/ VERIFIED BY: 17 LO VERIFIED BY: DATE: TIME: Apply Mystatin Cream to grown Rash NURSE'S REVIEW: Signature THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW Avelox 400mg IVPB 9d x 10 day
Richt
Rocephine Tgm IVPB 924hm x 10 dayo
10/16-10/26/01 Dispense As Written DIAGNOSIS / ICD9 CODE ALLERGY REVIEW DATE RESP FAILURE, COPD, AFIB, NO KNOWN ALLERGIES 10/20/08 HYPOTHYROIDISM, VDRF 10/04/08

> PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER MARTIN KLAHR (BK0701157) 718-447-7800 3109 HYLAN BLVD2, STATEN ISLAND, NY, 10306



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INTEDIM DUVCICIANIC ODDEDC FORM

IN IERIWI PHY	SICIAN'S ORDERS FORM	
PATIENT'S NAME: LAST KARRO	N FIRST MARION	ALLERGIES:
FACILITY:	SUSCE 130A	DOCTOR'S NAME Do M Carthy
	CATE DRUG NAME, DOSAGE, FREQUENCY AND ROUTE / FOI E REQUIRED-INDICATE IN WRITING "BRAND MEDICALLY NE	I LIIOONNEL
DATE TIME	1	P. meinmen
Wester WIT	- CPC, CMP, HbA1C 10 24/08	W 15 101225
		10 VV
	I M	Check here if faxed. Enter time.
NAME-PRINT	THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES " d a w " IN THE BOX DISPENSE AS WRITTEN	SIGNATURE JZZW DATE
DATE TIME	2 - A Synthwid 200mcg no 6	I 240 Jupo of menon mor
,	- / TFTS 11/24/08	o pelles
		Check here if faxed. Enter time.
NAME-PRINT	THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES " d a w " IN THE BOX DISPENSE AS WRITTEN	10/24/10
LUZALIY (137	3-085, CMP, HBAIC 10/30/W	21029 10129
		Check here if AM PM
, NAME-PRINT	THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES " d a w " IN THE BOX DISPENSE AS WRITTEN	SIGNATURE DATE





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INTERIM PHYSICIAN'S ORDERS FORM

IN I LININ FILLS	ICIAN S ORDERS FORM	
PATIENT'S NAME:	FIRST MCTUA MI	ALLERGIES:
FACILITY: SLS	ROOM #:	DOCTOR'S NAME MCCONUM ()
	E DRUG NAME, DOSAGE, FREQUENCY AND ROUTE / FOR EQUIRED-INDICATE IN WRITING "BRAND MEDICALLY NEC	THASONNEL
DATE TIME	1)	. 0/ -
10/3/10/100	CBL, BMP = 11/8/88	10/31/08
	10/31/08	Check here if faxed. Enter time.
NAME-PRINT	THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES " d a w " IN THE BOX	SIGNATURE DATE
DATE TIME	DISPENSE AS WRITTEN	3 SIGNATURE
	2)	July 11/3/06
11/34/20	CBC, BM ~ 11/9/08	Q-mainmator
		Check here if faxed. Enter time.
NAME-PRINT	THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES " d a w " IN THE BOX DISPENSE AS WRITTEN	SIGNATURE DATE
DATE TIME		2 Nunher
Helieber 2977	3) - CBC From shedes 11/16/18 - 1 stool for occurle hourd	Q. 15 11 2/08 / 11/12/08
	- samuelist 120 mg IVP x1	Check here if AM PM faxed. Enter time.
NAME-PRINT	THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES " d a w " IN THE BOX DISPENSE AS WRITTEN	SIGNATURE DATE





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INTERIM PHYSICIAN'S ORDERS FORM

INTENTIVIENT	SICIAN S ORDER	13 FUNIVI			
PATIENT'S NAME:	27 (C. 1874)	and the American State of the State of the State of the State of the American State of the State		ALLERGIES:	
LAST Kar	ran first	Manon	MI	NKA	×
FACILITY:	C1	ROOM #:		DOCTOR'S NAME	
	SLSCC	130	A	Dom' Carltin	1
	ATE DRUG NAME, DOSAG REQUIRED-INDICATE IN			SARY!"	NURSING PERSONNEL SIGNATURE
DATE TIME	1		1	Λ	
11/12/08	7100	of Cart	hy De	hum	
,	CAR	- My Pr	enonia.	, P.mar	ones
	CBC.	BMP.		11	12108
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NAME-PRINT		LL BE FILLED GENERICALL /RITES " d a w " IN THE BO	x	SIGNATURE	DATE
DATE , TIME			DISPENSE AS WRITTEN	SIGNATURE	DATE
11/12/08	30 Pm T/0	D Mc Can	thy/	Intill R	W
	avelox	You my wi	a di-Ti	Me QD x 70	layo
All	Rocephin 1	gn IVPB		x 7 days.	
			1	Check here faxed. Enter time.	AM
-			M	Compression (Assessment Section (Assessment Se	
NAME-PRINT		LL BE FILLED GENERICALL /RITES " d a w " IN THE BO	Chi Chi	SIGNATURE	DATE
DATE TIME	3	alle force may be less to device move that can be able such to fit the contration can be provided account or contration and the		11	R
	0			John K	your
14/14/08/1091	CBC 11/1	6/08	Qha	ONDIENTI/14/0/	
		,	7.11	10106	
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NAME-PRINT		LL BE FILLED GENERICALL /RITES " d a w " IN THE BO		Sienature	DATE
				A STATE OF THE PARTY OF THE PAR	

PHARMACY SILVER LAKE VENT | SHORE PHAKMACEUTI

An Omnicare Comp

RESIDENT NAME & MEDICAL RECORD # UNIT ROOM DATE OF BIRTH 06/06/30 KARRON, MARION (363) 1BV 130 MEDICATION ORDERS OTHER ORDERS DELIVERY DATE START DATE BLOOD PRESSURE AND WTS EVERY WEEK ADVANCE DIRECTIVES: **DO NOT RESUSCITATE** 01/21/08 A4916101 SOLU-MEDROL 4QMG/1ML VIAL NON HOSPITAL **DO NOT RESUSCITATE** INFUSE INTRAVENDUSLY SOLU-MEDROL BOMG/SOML IVPB IMMEDIATELY DIET: REGULAR 10/15/08 R14347147 ACTIVITIES: LEVOTHYROXINE SODIUM 200MCG AS TOLERATED TABLET (S/F: SYNTHROID) 1 TAB CRUSH AND GIVE VIA G-TUBE THERAPY: EVERY 24 HOURS **SEPARATE 2 HOURS PT ANNUAL 3-9 FROM CALCIUM** Hypothyroldsm / 10/24/08 R14383477 DT ANNUAL 3-9 PAROXETINE HCL 40MG TABLET (S/F: PAXIL) ST. ANNUAL 3-9 1 TAB CRUSH AND GIVE VIA G-TUBE EVERY 24 HOURS FOR DEPRESSION FLOOR PROGRAMS: PROM TO UPPER AND LOWER EXTREMITIES 10/02/08 R14370648 5-REPS EVERY SHIFT RISPERIDONE O. SMG TABLET (S/F: RISPERDAL) LABS: 1 TAB CRUSH AND GIVE VIA NASAL YEARLY H&P DUE 1-9 GASTRIC TUBE AT BEDTIME FOR PSYCHOSIS CBC, CMP, STOOL GUIAC EVERY 3 MONTHS CHECK & RECORD ORTHOSTATIC BP WEEKLY Jabs Atvan Ingo viacit DATE:_ PREPARED BY: ___ DATE: 4/4 PICKED UP BY: 100 DATE: // Je \$60 PRN VERIFIED BY: VERIFIED BY: __ NURSE'S REVIEW: 10/02/08 R14355083 LEVOTHYROX-INE SODIUM 25MCG TABLET (S/F: SYNTHROLD) 1 TAB CRUSH AND GIVE G-TUBE DAILY AT SAM FOR HYPOTHYROIDISM **SEPARATE & HOURS FROM CALCIUM** THIS PRESCRIPTION WILL BE FILLED GENERICALLY 10/02/08 R14370666 UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW MAGNESIUM OXIDE 400MG TABLET 1 TAB CRUSH AND GIVE VIA NASAL GASTRIC TUBE DAILY FOR HYPOMAGNESIUM Dispense As Written 10/02/08 R14370669 CONTINUED NEXT PAGE DIAGNOSIS / ICD9 CODE ALLERGY REVIEW DATE RESP FAILURE, COPD, AFIB, NO KNOWN ALLERGIES 11/17/08 HYPOTHYROIDISM, VDRF 11/01/08 PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER MARTIN KLAHR (BK0701157) 718-447-7800

10/02/08

KARRON, MARION (363)

FACILITY

SILVER LAKE VENT

PHARMACY SHORE PHARMACEUTI

An Chanicare Con

RESIDENT NAME & MEDICAL RECORD # UNIT ROOM BED SEX DATE OF ADMISS KARRON, MARION (363) 06/06/30 F 10/02/0 IBV 130 OTHER ORDERS D/C MEDICATION ORDERS METOPROLOL 25MG TABLET 1 TAB CRUSH AND GIVE VIA G-TUBE EVERY 12 HOURS 10/02/08 R14370394 MYLANTA GENERIC LIQUID (S/F: MYLANTA) APPLY TO G-TUBE SITE ABCESS EVERY SHIFT ***(STOCK)*** 10/02/08 R14296038 NYSTATIN 100Q00/G CREAM(GM) APPLY TO GROIN ACTER CLEANSING WITH NORMAL SAKINE EVERY SHIFT 10/13/08 R14337520 DXYCODONE/APAP 5MG/325MG TABLET (S/F: PERCOCET) 1 TAB VIA G-TUBE EVERY 8 HOURS ** CAUTION - APAP MAX DOSE 40M/24HRS TRIPLICATE REQUIRED 10/08/08 R14320348 ACETAMINOPHEN 160MG/5ML ELIXIR 20 MLS (640MG) VIA PEG TUBE EVERY PREPARED BY: DATE: 4 HOURS AS NEEDED FOR PAIN OR PICKED UP BY: DATE: TEMP >100.5 ***(STOCK)*** ** VERIFIED BY: DATE: TIME: C CAUTION - APAP MAX DOSE 4GM/24HRS VERIFIED BY: TIME) -10/02/08 R14296040 NURSE'S REVIEW: TIME: IPRATROPIUM BROM (62.5ML/BOX) O. 2MG/1ML SOLUTION 1 UNIT DOSE VIA NEBULIZER EVERY 4 HOURS FOR COPD Signature THIS PRESCRIPTION WILL BE FILLED GENERICALLY 10/02/08 R14301595 UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW ALBUTEROL 0.083% (75ML/BOX) O. 83MG/1ML SOLUTION 1 UNIT DOSE VIA MEBULIZER EVERY 4 HOURS AS NEEDED FOR WHEEZING Dispense As Written 10/02/08 R14354813 DIAGNOSIS / ICD9 CODE ALLERGY REVIEW DATE RESP FAILURE, COPD, AFIB, NO KNOWN ALLERGIES 11/17/08 HYPOTHYROIDISM, VDRF 11/01/08 PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER MARTIN KLAHR (BK0701157) 718-447-7800 3109 HYLAN BLVD:, STATEN ISLAND, NY, 10306

FACILITY PHARMACY PHYSICIAN'S **ORDER FORM** SHORE PHARMACEUTI SILVER LAKE VENT | RESIDENT NAME & MEDICAL RECORD # SEX DATE OF ADMISS UNIT ROOM BED DATE OF BIRTH KARRON, MARION (363) 1BV 130 06/06/30 F 10/02/0 MEDICATION ORDERS OTHER ORDERS PROSTAT 101 30ML IN 30ML WATER BY MOUTH THREE TIMES DAILY FOR HYPOALBUMIN 01/21/08 A4916106 GTUBE FEEDS OF PERATIVE 250ML Q4H WITH H20 FLUSH OF 150ML Q4H ON ENTERAL PUMP AT 95ML/HR TOTAL CALORIES: 1950 TOTAL ML: 2400 ml POSITION SEMI FOWLERS REASON: NUTRITIONAL SUPPORT 08/15/08 A4916108 APPLY BACITRACIN DINTMENT TO SKIN TEAR ON RIGHT LES WITH DRY STERILE DRESSING TWICE DAILY 07/04/08 A4916102 CLEANSE G-TUBE SIJE WITH NORMAL SALINE EVERY SUIT 10/20/08 A4938455 SILVER SULFADIAZINE 1% CREAM (S/F: SILVADENE) PREPARED BY: DATE: AFTER NORMAL SALINE WASH APPLY TO PICKED UP BY: DATE: TIME: SACRUM EVERY SHIFT FOR STG-2 VERIFIED BY: DATE: TIME: VERIFIED BY: L 10/02/08 R14300187 NURSE'S REVIEW: TIME: FLEET 19G-7G/118 ENEMA INSERT 1-EMEMA RECTALLY EVERY 3 DAYS AS NEEDED IF NO BOWEL MOVEMENT(S) ***(STOCK)*** Signature THIS PRESCRIPTION WILL BE FILLED GENERICALLY 10/02/08 R14296044 UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW Dispense As Written

DIAGNOSIS / ICD9 CODE RESP FAILURE, COPD, AFIB, HYPOTHYROIDISM, VDRF ALLERGY

REVIEW DATE

NO KNOWN ALLERGIES

11/17/08

11/01/08

PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER

MARTIN KLAHR (BK0701157) 718-447-7800 3109 HYLAN BLVD2, STATEN ISLAND, NY, 10306

PHYSICIAN'S **ORDER FORM**

FACILITY SILVER LAKE VENT PHARMACY SHORE PHARMACEUTI

An Omnicure Con

RESIDENT NA	ME & MEDICAL RECORD #		UNIT	ROOM	BED	DATE OF BIRTH	SEX	DATE OF ADMIS:
KAF	RON, MARION (363)	1.	BA	130	Α	06/06/30	F	10/02/0
D/C	MEDICATION ORDERS				OTH	HER ORDERS		
	MONITORING AND PRN OS	/						
	ETCO2 QM AND PRN	/	/					
	TRACH CARE QS AND PRN							
	TRACHEAL SUCTIONING QS AN	D PRN						
	CHANGE INNER CANNULA GD AND PRN PNY WITH FAMILY DNLY PM			EPARED B		A DATE	*********	TIME:
	RESPIRATORY: VENTILATOR SETTINGS: VT: 500		VER	THIS PRE	Y:	DATE DATE	Date:_	TIME: _ TIME: _ TIME: _
		\checkmark				ense As Written		
	DIAGNOSIS / ICD9 CODE ILURE, COPD, AFIB, POTHYROIDISM, VDRF	ио киоми	ALLE	ALLE RGIES	RGY			11/17/08
								11/01/08
	1		LAHR	(BK0701	157) 71	ER 8-447-7800 LAND, NY,)6

10/09/08



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INTERIM PHYSICIAN'S ORDERS FORM

INTENTIVED IN	SICIAN S ORDERS I	Chivi		
PATIENT'S NAME:			ALLERGIES:	/
LAST KUYY	M FIRST M	anon	MI (VL7)	
FACILITY:	SLSCI	130 A	DOCTOR'S NAME	arthy
	ATE DRUG NAME, DOSAGE, FI REQUIRED-INDICATE IN WRIT			MURSING PERSONNEL SIGNATURE
DATE TIME	1 - CXR = F	in my Rul	MALAMAMA 2.	remeditals
1.110110		(00)	11908	
			Check here if	AM PM
			faxed. Enter time.	::
NAME-PRINT	THIS PRESCRIPTION WILL BE UNLESS PRESCRIBER WRITES		VRITTEN SIGNATURE	IN 19 WW DATE OF
DATE TIME	2 7/0 B) MC	carthy / Jth	a huel	-6- Levely
	Avelox 400n	of IVRB 91d	X 10 day RLC	Round:
	Maxipunie To	for IVPB grah	Check here if faxed. Enter time.	i frema
NAME-PRINT	THIS PRESCRIPTION WILL BE UNLESS PRESCRIBER WRITES	" d a w " IN THE BOX LISPENSE AS V		DATE
PIZILY 692	3 DIC ALL AL	av VB	gra Illailla	
	- / CBC 11/2	3/05		
			Check here if faxed. Enter time.	AM PM ::
NAME-PRINT	THIS PRESCRIPTION WILL BE UNLESS PRESCRIBER WRITES			el(vy





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INTERIM PHYSICIAN'S ORDERS FORM	
PATIENT'S NAME: ALLERGIES:	
LAST CANYON FIRST MANNON MI FACILITY: ROOM #: DOCTOR'S NAME	
FACILITY: ROOM #: DOCTOR'S NAME	
SLSCe 13eA	
PHYSICIAN TO INDICATE DRUG NAME, DOSAGE, FREQUENCY AND ROUTE / FORM WHEN BRAND NAME REQUIRED-INDICATE IN WRITING "BRAND MEDICALLY NECESSARY!"	NURSING PERSONNEL SIGNATURE
DATE TIME	
11/24/08 12:20 CBL P. Mains	mos
Check here if	AM PM
faxed. Enter time.	
THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "d a w " IN THE BOX DISPENSE AS WRITTEN SIGNATURE	DATE
DATE TIME	-100
of edux opro - cpc, Inn shedin in 2 was	mamined 1726/8
Check here if faxed. Enter time.	AM
THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES " d a w " IN THE BOX DISPENSE AS WRITTEN SIGNATURE	WY DATE
11 28/02 0730 Maxipine + 5m INPB 912" 11/28/02 0730 Maxipine + 5m INPB 912"	3 1/28/18
11 28/02 0730 Mashpine + 5m INPB g/2" 11/11	
Checkher if faxed. Enter time.	AM
THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES " d a w " IN THE BOX DISPENSE AS WRITTEN SIGNATURE	DATE



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INTERIM PHYSICIAN'S ORDERS FORM

INTENTIVIENT	SICIAN S OUDEUS LOUN	
PATIENT'S NAME:	Kaninger Mariah MI ALLERGIES: NKA	
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Please place a checkmark in the box marked Faxed to indicate that the order was faxed to the Pharmacy. For tracking purposes please indicate the time the order was faxed.

INTERIM PHYS	SICIAN'S ORDERS FORM	
PATIENT'S NAME:	ALLERGIES:	
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	ATE DRUG NAME, DOSAGE, FREQUENCY AND ROUTE / FORM REQUIRED-INDICATE IN WRITING "BRAND MEDICALLY NECESSARY!"	NURSING PERSONNEL SIGNATURE
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SHORE PHARMACEUTI ORDER FORM SILVER LAKE VENT RESIDENT NAME & MEDICAL RECORD # UNIT ROOM BED DATE OF BIRTH SFX DATE OF ADMISSIO KARRON, MARION (363) 1BV A 06/06/30 10/02/08 130 OBDERS MEDICATION ORDERS OTHER/ BLOOD PRESSURE AND WTS EVERY WEEK START DELIVERY DATE ADVANCE DIRECTIVES: **DO NOT RESUSCITATE** 01/21/08 A4916101 LEVOTHYROXINE SODIUM 200MCG NON HOSPITAL **DO NOT RESUSCITATE** TABLET (S/F: SYNTHROID) 1 TAB CRUSH AND GIVE VIA G-TUBE EVERY 24 HOURS **SEPARATE 2 HOURS FROM CALGIUM## 10/24/08 R14383477 ACTIVITIES: PAROXETINE HCL 40MG TABLET (S/F: AS TOLERATED PAXIL) 1 TAB CRUSH AND GIVE VIA G-TUBE THERAPY: EVERY 24 HOURS FOR DEPRESSION PT ANNUAL 3-9 10/02/08 R14370648 OT ANNUAL 3-9 RISPERIDONE O. SMG TABLET (S/F: G-Tube RISPERDAL) ST. ANNUAL 3-9 1 TAB CRUSH AND GIVE VIA HABAL CASTRIG TUDE AT BEDTIME FOR FLOOR PROGRAMS: PSYCHOSIS PROM TO UPPER AND LOWER EXTREMITIES CHECK & RECORD ORTHOSTATIC BP 5-REPS EVERY SHIFT LABS: YEARLY H&P DUE 1-9 CBC, CMP, STOOL GUIAC EVERY 3 MONTHS 4-08 10/02/08 R14355083 MAGNESIUM OXIDE 400MG TABLET 1 TAB CRUSH AND GIVE VIA NASAL PREPARED BY: GASTRIC TUBE DAILY FOR G-tupe PICKED UP BY: h/mcom(DATE: TIME / HYPOMAGNESIUM VERIFIED BY: ___ An DATE: 1311 VERIFIED BY: DATE: 10/02/08 R14370669 NURSE'S REVIEW: MULTIVIT/MINERALS (CERTAVITE) LIQUID 15 MLS VIA G-TUBE DAILY FOR V NUTRITIONAL SUPPLEMENT SKIN TEAR ***(STOCK)*** Signature THIS PRESCRIPTION WILL BE FILLED GENERICALLY 10/02/08 R14296023 UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW PREDNISONE 10MG TABLET 1 TAB CRUSH AND GIVE VIA G-TUBE DAILY FOR COPD Dispense As Written 10/02/08 R14334255 CONTINUED NEXT PAGE DIAGNOSIS / ICD9 CODE ALLERGY REVIEW DATE RESP FAILURE, COPD, AFIB, NO KNOWN ALLERGIES 12/15/08 HYPOTHYROIDISM, VDRF 12/01/08 PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER MARTIN KLAHR (BK0701157) 718-447-7800 3109 HYLAN BLVD2, STATEN ISLAND, NY, 10306 RESIDENT NAME ADMITTED RESIDENT # PAGE KARRON, MARION (363) 10/02/08 1 OF -

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FAUILITY PHARIMALY PHYSICIAN'S SHORE PHA. HACEUTI BIL ER LAKE VENT ORDER FORM RESIDENT NAME & MEDICAL RECORD # UNIT ROOM BED DATE OF BIRTH SEX DATE OF ADMISSI KARRON, MARION (363) 134 130 4 06/06/30 10/02/08 MEDICATION ORDERS OTHER ORDERS D/0 PREVACID SOLUTAB 30MG TAB RAP DR T3, T4, TSH EVERY 3 MONTHS 1-9 (S/F: PREVACID SOLUTAB) 1 TAB VIA G-TUBE DAILY FOR GERD RESTRAINTS: **DISSELVE SU TONGLE OR IN MONE MCHTHAN 10/02/08 R14370411 SENNA TABLET 2 TABS VIA G-TUBE DAILY FOR CONSTIPATION *** (STOCK) *** 10/02/08 R14296029 VITAMIN B-1 100MG TABLET (S/F: VITAMIN B-1) 1 TAB VIA G-TUBE DAILY FOR ETOH 10/02/08 R14370417 CITRUS CALCIUM 200MG TABLET 2 TABS VIA G-TUBE TWICE DAILY FOR OSTEOPOROSIS ***(STOCK)*** 10/02/08 R14296033 HEPARIN SODIUM 5000 UNITS/ML VIAL INJECT IML (5000 UNITS) SUBCUTANEOUSLY EVERY 12 HOURS FOR DVT PROPHYLAXIS 10/02/08 R14404307 METOPROLOL 25Mg TABLET 1 TAB CRUSH AND GIVE VIA G-TUBE PREPARED BY: EVERY 12 HOURS FOR HYPERTENSION, PICKED UP BY: PINC DANGODATE: 13 my DATE: 12/18 VERIFIED BY: TIME: DATE: 12118 TIME: 10 VERIFIED BY: 4 lades 10/02/08 R14370394 NURSE'S REVIEW: MYLANTA GENERIC LIQUID (S/F: MYLANTA) APPLY TO G-TUBE SITE ABCESS EVERY SHIFT ***(STOCK)*** Signature THIS PRESCRIPTION WILL BE FILLED GENERICALLY 10/02/08 R14296038 UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW Dispense As Written RESP FAILURE, COPD, AFIB, ALLERGY REVIEW DATE NO KNOWN ALLERGIES 12/15/08 HYPOTHYROIDISM, VDRF

PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER
MARTIN KLAHR (BK0701157) 718-447-7800
3109 HYLAN BLVD & STATEN ISLAND, NY, 10306

12/01/08

FAUILIY PHARIMAUT PHYSICIAN'S SHORE PHALMACEUTI **ORDER FORM** SIL, ER LAKE VENT An Unmicare Com-UNIT BED DATE OF BIRTH SEX DATE OF ADMISSI RESIDENT NAME & MEDICAL RECORD # ROOM 06/06/30 F 10/02/08 KARRON, MARION (363) 184 130 13 MEDICATION ORDERS OTHER ORDERS D/C DXYCODONE/APAP 5MG/325MG TABLET (S/F: PERCOCET) 1 TAB CRUSH AND GIVE VIA G-TUBE EVERY 8 HOURS AS NEEDED ** V CAUTION - APAP MAX DOSE 4GM/24HRS TRIPLICATE REQUIRED 11/24/08 R14504294 ACETAMINOPHEN 160MG/SML ELIXIR 20 MLS (640MG) VIA PEG TUBE EVERY 4 HOURS AS NEEDED FOR PAIN OR TEMP >100.5 ***(STOCK)*** ** V CAUTION - APAP MAX DOSE 4GM/24HRS 10/02/08 R14296040 IPRATROPIUM BROM (62.5ML/BOX) O. 2MG/1ML SOLUTION 1 UNIT DOSE VIA MEBULIZER EVERY 4 HOURS FOR COPD 10/02/08 R14301595 ALBUTEROL O. 083% (75ML/BOX) O. 83MG/1ML SOLUTION 1 UNIT DOSE VIA MEBULIZER EVERY 4 HOURS AS NEEDED FOR WHEEZING 10/02/08 R14354813 PROSTAT 101 30ML IN 30ML WATER BY MOUTH THREE TIMES, DAILY FOR PREPARED BY: HYPOALBUMIN UNG GLAN PICKED UP BY: BMCCNUCODATE: 1260 TIME:3 VERIFIED BY: M/2 DATE: 118 TIME: 0 Mackes DATE: 1211 & TIME:10 VERIFIED BY: NURSE'S REVIEW: 01/21/08 A4916106 TIME: GTUBE FEEDS OF PERATIVE 250ML Q4H WITH H2O FLUSH OF 150ML 04H ON ENTERAL PUMP AT 95ML/HR TOTAL CALORIES: 1950 Signature THIS PRESCRIPTION WILL BE FILLED GENERICALLY TOTAL ML: 2400ML UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW POSITION SEMI FOWLERS REASON: NUTRITIONAL SUPPORT Dispense As Written 11/17/08 A4916108 DIAGNOSIS / ICD9 CODE REVIEW DATE ALLERGY RESP FAILURE, COPD, AFIB, NO KNOWN ALLERGIES 12/15/08 HYPOTHYROIDISM, VDRF 12/01/08 PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER MARTIN KLAHR (BK0701157) 718-447-7800

RESIDENT NAME
KARRON, MARION (363)

ADMITTED 10/02/08

3109 HYLAN BLYD2, STATEN ISLAND, NY, 10306

RESIDENT #

PAGE 3 OF

FAUILITY PHARMAGY PHYSICIAN'S SHORE PHALMACEUTI SIL, ER LAKE VENT ORDER FORM An Camicare Comp RESIDENT NAME & MEDICAL RECORD # UNIT ROOM BED DATE OF BIRTH DATE OF ADMISS KARRON, MARION (363) 1BV 130 A 06/06/30 10/02/08 OTHER ORDERS MEDICATION ORDERS D/C SILVER SULFADIAZINE 1% CREAM (S/F: SILVADENE) AFTER NORMAL SALINE WASH APPLY TO SACRUM EVERY SHIFT FOR STG-2 10/02/08 R14300187 FLEET 19G-7G/118 ENEMA INSERT 1-ENEMA RECTALLY EVERY 3 DAYS AS NEEDED IF NO BOWEL MOVEMENT(S) ***(STOCK)*** 10/02/08 R14296044 OZ SAT WITH VENTILATOR MONITORING AND PRN ETCO2 OH AND PRN TRACH CARE OS AND PRIV PREPARED BY: DATE: BIACDALWATE: [PICKED UP BY: VERIFIED BY: DATE: TIME VERIFIED BY: Vida Tadra DATE: 12/18 TIME: (0/ NURSE'S REVIEW: TIME: TRACHEAL SUCTIONING GS AND PRN Signature THIS PRESCRIPT ON WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW CHANGE INNER CANNULA OD AND PRN Dispense As Written RESP FAILURE, COPD, AFIB, ALLERGY REVIEW DATE NO KNOWN ALLERGIES 12/15/08 HYPOTHYROIDISM, VDRF 12/01/08 PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER MARTIN KLAHR (BK0701157) 718-447-7800 3109 HYLAN BLVD2, STATEN ISLAND, NY, 10306

RESIDENT NAME
KARRON, MARION (363)

ADMITTED 10/02/08

RESIDENT #

PAGE 4 OF !

ORDER FORM

SILVER LAKE VENT

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	ME & MEDICAL RECORD #		UNIT	ROOM	BED	DATE OF BIRTH		DATE OF ADMIS:
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ic .	MEDICATION ORDERS PMV WITH FAMILY DNLY				OII	HER ORDERS		
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Please place a checkmark in the box marked Faxed to indicate that the order was faxed to the Pharmacy. For tracking purposes please indicate the time the order was faxed.

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FACILITY: SCSCC ROOM #: DOCTOR'S NAME MCCAULE	4
PHYSICIAN TO INDICATE DRUG NAME, DOSAGE, FREQUENCY AND ROUTE / FORM WHEN BRAND NAME REQUIRED-INDICATE IN WRITING "BRAND MEDICALLY NECESSARY!"	NURSING PERSONNEL SIGNATURE
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Please place a checkmark in the box marked <u>Faxed</u> to indicate that the order was faxed to the Pharmacy. For tracking purposes please indicate the time the order was faxed.

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SILVER LAKE SPECIALIZED CARE CENTER

PHYSICIAN ORDERS - PRESSURE AREA PROTOCOLS ON COROOM#: Resident Name: Pressure Area Protocol with 0.9% normal saline, pat dry and STAGE I Cleanse (site): apply moisturizing lotion around red area every shift and pra-STAGE II * Cleanse (site): with 0.9% normal saline, pat dry Apply Hydrocolloid dressing. Apply Foam adhesive dressing Change every seven days. Replace/remove prn if dislodged if breakout occurs or a foul odor. (For sacral ulcers use hydrocol sacral) STAGE III * Cleanse (site): 5 C/C > 1/10 with 0.9% normal saline ☐ A. Wound clean and no necrosis Apply Hydrogel/Transigel dressing to wound bed & cover with bordered pad/coversite dressing. Change dressing qd x4 weeks then reeval. B. Wound wet, drainage clean and no necrosis Apply Alginate dressing and cover with bordered pad/coversite. Change dressing O.D. for 4 weeks and re-evaluate. C. Necrosis present Apply santyl/curasalt dressing (for debridement) with bordered pad/coversite O.D. for 4 weeks and re-evaluate. ☐ STAGE IV + Cleanse (site): with 0.9% normal saline BA Clean and no necrosis Silvalene Apply zine exide cream to ulcer borders with wet to moist dressing and cover with protective dressing q shift x 4 weeks or/bordered pad/coversite O.D. x 4 weeks. B. Necrosis is present Apply santyl/curasalt (for debridement) with bordered pad/coversite O.D. for 4 weeks and re-evaluate. Baseline serum albumin. Repeat every 3 months. ☐ *Berocca Plus Tabs 1 O.D - po ☐ MVI with minerals 15cc via GT M.D. Signature: Nurse Signature: Original Copy -- Chart Copy to Pharmacy Copy to Supplies

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FACILITY SILVER LAKE VENT

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RESIDENT NAME & MEDICAL RECORD # UNIT ROOM BED DATE OF BIRTH SEX DATE OF ADMISS 06/06/30 1.0/02/08 IBV 130 KARRON, MARION (363) OTHER ORDERS MEDICATION ORDERS BLOOD PRESSURE AND WTS EVERY WEEK DELIVERY DATE ADVANCE DIRECTIVES: **DO NOT RESUSCITATE** 01/21/08 04916101 MON HOSPITAL **DO NOT RESUSCITATE** LEVOTHYROXINE SODIUM 200MCG TABLET (S/F: SYNTHROID) A TAB CRUSH AND GIVE VIA G-TUBE DIET: EVERY 24 HOURS **SEPARATE 2 HOURS FROM CALCIUM** ACTIVITIES: 10/24/08 R14383477 PAROXETINE HCL 40MG TABLET (S/F: AS TOLERATED PAXIL) A TAB CRUSH AND GIVE VIA G-TUBE THERAPY: EVERY 24 HOURS FOR DEPRESSION PT ANNUAL 3-9 10/02/08 R14370548 OT ANNUAL 3-9 PREDNISONE 10MG TABLET 1 TAB CRUSH AND GIVE VIA G-TUBE ST. ANNUAL 3-9 EVERY 24 HOURS FLOOR PROGRAMS: PROM TO UPPER AND LOWER EXTREMITIES 5-REPS EVERY SHIFT 12/12/08 R14574558 RISPERIDONE O. 5MG TABLET (S/F: RISPERDAL) LABS: 1 TAB CRUSH AND GIVE VIA WASAL YEARLY H&F DUE 1-9 GASTRIC TUBE AT BEDTIME FOR PSYCHOSIS CBC, CMP, STOOL GUIAC EVERY 3 MONTHS 4-08 CHECK & RECORD ORTHOSTATIC BP WEEKLY PREPARED BY: TIME: DATE: DOTTE MATE: 1/18 PICKED UP BY: DATE: 1/14 TIME VERIFIED BY: VERIFIED BY: WIOdros DATE: 1115 TIME: T-10/02/08 R14355083 MURSE'S REVIEW: MAGNESIUM OXIDE 400MG TABLET 1 TAB CRUSH AND GIVE VIA NASAL GASTRIC TUBE DAILY FOR HYPOMAGNESIUM ighature THIS PRESCRIPTION WILL BE FILLED GENERICALLY 10/02/08 R14370569 UNLESS PRESCRIMER WRITES "daw" IN THE BOX BELOW MULTIVIT/MINERALS (CERTAVITE) LIQUID 15 MLS VIA G-TUBE DAILY FOR NUTRITIONAL SUPPLEMENT SKIN TEAR Dispense As Written *** (STOCK) *** 10/02/08 R14296023 CONTINUED NEXT PAGE DIAGNOSIS / ICD9 CODE ALLERGY REVIEW DATE RESP FAILURE, COPD, AFIB, NO KNOWN ALLERGIES 01/12/09 HYPOTHYROIDISM, VDRF 01/01/09 PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER MARTIN KLAHR (BK0701157) 718-447-7800 3109 HYLAN BLVD2, STATEN ISLAND, NY, 10306

LIMINIAN I C MAIDICITIT ORDER FORM SILVER LAKE VENT SHORE PHARMACEUTI RESIDENT NAME & MEDICAL RECORD # UNIT ROOM BED DATE OF BIRTH DATE OF ADMIS 1BV 06/06/30 10/02/08 130 KARRON, MARION (363) OTHER ORDERS D/C MEDICATION ORDERS T3, T4, TSH EVERY 3 MONTHS 1-9 PREVACID SOLUTAB 30MG TAB RAP DR (S/F: PREVACID SOLUTAB) RESTRAINTS: 1 TAB VIA G-TUBE DAILY FOR GERD NONE 10/02/08 R14370411 SENNA TABLET 2 TABS VIA G-TUBE DAILY FOR CONSTIPATION ***(STOCK) *** 10/02/08 R14296029 VITAMIN B-1 100MG TABLET (S/F: VITAMIN B-1) 1 TAB VIA G-TUBE DAILY FOR ETCH 10/02/08 R14370417 CITRUS CALCIUM 200MG TABLET 2 TABS VIA G-TUBE TWICE DAILY FOR OSTEOPOROSIS ***(STOCK)*** 10/02/08 R14296033 FERROUS SULFATE 220(44)/5ML ELIXIR 825MG (7.5ML) VIA G-TUBE EVERY 12 330 HOURS *** (STOCK) *** (3) 10At 8/m 12/10/08 R14565651 HEPARIN SODIUM 5000 UNITS/ML VIAL INJECT 1ML (5000 UNITS) PREPARED BY: SUBCUTANEOUSLY EVERY 12 HOURS FOR PICKED UP BY: DATE: (DATE: DVT PROPHYLAXIS VERIFIED BY: DATE: \ VERIFIED BY: 10/02/08 R14404307 NURSE'S REVIEW: METOPROLOL 25MG TABLET 1 TAB CRUSH AND GIVE VIA G-TUBE EVERY 12 HOURS FOR HYPERTENSION Signature THIS PRESCRIPTION WILL BE FILLED GENERICALLY 10/02/08 R14370394 UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW ANTACID GENERIC (MYLANTA) LIGUID (S/F: MYLANTA) APPLY TO G-TUBE SITE ADOLES EVERY SHIFT ***(STOCK)*** Dispense As Written

DIAGNOSIS/ICD9 CODE RESP FAILURE, COPD, AFIB, HYPOTHYROIDISM, VDRF

NO KNOWN ALLERGIES

ALLERGY

REVIEW DATE

01/12/09

01/01/09

PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER
MARTIN KLAHR (BK0701157) 718-447-7800
3109 HYLAN BLVD*, STATEN ISLAND, NY, 10306

10/02/08 R14296038

KARRON, MARION (363)

SILVER LAKE VENT

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RESIDENT #

10/02/08

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RESIDENT NAME & MEDICAL RECORD # UNIT ROOM BED DATE OF BIRTH SEX DATE OF ADMISS 1BV 06/06/30 10/05/08 KARRON: MARION (363) 130 A OTHER ORDERS D/C MEDICATION ORDERS DXYCODONE/APAP 5MG/325MG TABLET (S/F: PERCOCET) X TAB VIA G-TUBE EVERY 8 HOURS ** CAUTION - APAP MAX DOSE 4GM/24HRS TRIPLICATE REQUIRED 12/08/08 R14556309 LORAZEPAM 1MG TABLET 1 TAB VIA G-TUBE EVERY 6 HOURS AS NEEDED FOR ANXIETY 才RIPLICATE REQUIRED 12/10/08 R14565841 ACETAMINOPHEN 160MG/5ML ELIXIR 20 MLS (640MG) VIA PEG TUBE EVERY A HOURS AS NEEDED FOR PAIN OR TEMP >100.5 ***(STOCK)*** ** CAUTION - APAP MAX DOSE 4GM/24HRS 10/02/08 R14296040 IPRATROPIUM BROM (62.5ML/BOX) O. 2MG/1ML SOLUTION J UNIT DOSE VIA NEBULIZER EVERY 4 HOURS FOR COPD 10/02/08 R14577538 ALBUTEROL 0.083% (75ML/BOX) O. 83MG/1ML SOLUTION DATE: //Z 1 UNIT DOSE VIA NEBULIZER EVERY 4 PICKED UP BY: LANG DATE: UDILY HOURS AS NEEDED FOR WHEEZING VERIFIED BY: DATE: 1/14 TIME VERIFIED BY: V DATE: 1115 TIME:] 10/02/08 R14354813 NURSE'S REVIEW: TIME: PROSTAT 101 BOML IN BOML WATER BY MOUTH THREE TIMES DAILY FOR MYPOALBUMIN UNE (). I Signature THIS PRESCRIPTION WILL BE FILLED GENERICALLY 01/21/08 A4916106 UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW Dispense As Written DIAGNOSIS / ICD9 CODE ALLERGY REVIEW DATE RESP FAILURE, COPD, AFIB, NO KNOWN ALLERGIES 01/12/09 YYPOTHYROIDISM, VDRF 01/01/09 PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER MARTIN KLAHR (BK0701157) 718-447-7800 3109 HYLAN BLVD2, STATEN ISLAND, NY, 10304 RESIDENT NAME ADMITTED

RESIDENT NAME

KARRON, MARION (363)

SILVER LAKE VENT

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RESIDENT NAME & MEDICAL RECORD # UNIT ROOM BED DATE OF BIRTH SEX DATE OF ADMISS F 10/02/08 06/06/30 1BV 130 KARRON: MARION (363) OTHER ORDERS D/C MEDICATION ORDERS GTUBE FEEDS OF PERATIVE 250ML Q4H WITH H2D FLUSH OF 150ML 04H ON ENTERAL ゼUMP AT 95ML/HR TOTAL CALORIES: 1950 TOTAL ML: 2100ML POSITION SEMI FOWLERS REASON: NUTRITIONAL SUPPORT 11/17/08 A4916108 SILVER SULFADIAZINE 1% CREAM (S/F: SILVADENE) AFTER NORMAL SALINE WASH APPLY TO SHIFT FOR STG-2 SACRUM EVERY 10/02/08 R14300187 FLEET 19G-7G/118 ENEMA INSERT 1-ENEMA RECTALLY EVERY 3 DAYS AS NEEDED IF NO BOWEL MOVEMENT(S) ***(STOCK)*** 10/02/08 R14296044 Stage IV Sacrum deculitus Clianse ons apply silvadere er. cornero coversite go OZ SAT WITH VENTILATOR PREPARED BY: MONITORING AND PRN PICKED UP BY: DATE: //4 VERIFIED BY: VERIFIED BY: DATE: \115 Madras NURSE'S REVIEW: ETCO2 QM AND PRN Signature THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW TRACH CARE QS AND PRN Dispense As Written DIAGNOSIS / ICD9 CODE ALLERGY REVIEW DATE RESP FAILURE, COPD, AFIB, NO KNOWN ALLERGIES 01/12/09 HYPOTHYROIDISM, VDRF 01/01/09 PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER MARTIN KLAHR (BK0701157) 718-447-7800 3109 HYLAN BLVD:, STATEN ISLAND, NY, 10306

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DATE OF BIRTH SEX DATE OF ADMIS RESIDENT NAME & MEDICAL RECORD # UNIT ROOM BED F 10/02/00 18V 06/06/30 KARRON, MARION (363) 130 A OTHER ORDERS MEDICATION ORDERS TRACHEAL SUCTIONING QS AND PRN CHANGE INNER CANNULA QD AND PRN PMV WITH FAMILY ONLY RESPIRATORY: VENTILATOR SETTINGS: VT: _500__ RR: _16__ MODE: _AC ___ FIO2: _35-45%____ OTHER: PEEP +5 ORAL PHARANGEAL SUCTIONING QS_AND_PRN PREPARED BY: ____ DATE: ___ TIME: __ PICKED UP BY: ____ DATE: ___ TIME: __ VERIFIED BY: _____ DATE: ___ TIME: __ VERIFIED BY: _____ DATE: ____ TIME: NURSE'S REVIEW: TIME: Signature THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW Dispense As Written DIAGNOSIS / ICD9 CODE ALLERGY REVIEW DATE RESP FAILURE, COPD, AFIB, NO KNOWN ALLERGIES 01/12/09 HYPOTHYROIDISM, VDRF 01/01/09 PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER MARTIN KLAHR (BK0701157) 718-447-7800 3109 HYLAN BLVD2, STATEN ISLAND, NY, 10306



Please place a checkmark in the box marked <u>Faxed</u> to indicate that the order was faxed to the Pharmacy. For tracking purposes please indicate the time the order was faxed.

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PHYSICIAN'S **ORDER FORM**

SILVER LAKE VENT

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RESIDENT NA	ME & MEDICAL RECORD #		UNIT	ROOM	BED	DATE OF BIRTH	SEX	DATE OF ADMISS
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RESIDENT #

PHYSICIAN'S ORDER FORM

SILVER LAKE VENT

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RESIDENT N	IAME & MEDICAL RECORD #		UNIT	ROOM	BED	DATE OF BIRTH	SEX	DATE OF ADMISS
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\	VITAMIN B-1 100MG TABLET (S/F: VITAMIN B-1) 1 TAB VIA G-TUBE DAILY FOR ETOPOLOGY Supplement 10/02/08 R143704 CITRUS CALCIUM 200MG TABLET	-1						
	2 TABS VIA G-TUBE TWICE DAILY F DSTEOPOROSIS ***(STOCK)*** 10/02/08 R142960 HEPARIN SODIUM 5000 UNITS/ML VI)33						
\	INJECT 1ML (5000 UNITS) SUBCUTANEOUSLY EVERY 12 HOURS F DVT PROPHYLAXIS 10/02/08 R144043 METOPROLOL 25MG TABLET							
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7	FERROUS SULFATE 220(44)/5ML ELIXIR 330MG (7.5ML) VIA G-TUBE TWICE DAILY FOR ANEMIA ***(STOCK)*** 12/10/08 R145656	551	PICI VER VER		BY: Y: Y:	DATE: DATE: DATE:	**********	TIME:
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								02/01/09
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PHARMACY FACILITY PHYSICIAN'S SHORE PHARMACEUTI **ORDER FORM** SILVER LAKE VENT | SEX DATE OF ADMISS DATE OF BIRTH RESIDENT NAME & MEDICAL RECORD # UNIT ROOM BED 10/02/00 06/06/30 187 130 A KARRON, MARION (363) OTHER ORDERS MEDICATION ORDERS D/C DXYCODONE/APAP 5MG/325MG TABLET (S/F: PERCOCET) CRUSH AND GIVE I TAB VIA G-TUBE EVERY 8 HOURS AS NEEDED ** CAUTION - APAP MAX DOSE 4GM/24HRS TRIPLICATE REGUIRED 01/03/09 R14653210 LORAZEPAM IMG TABLET 1 TAB VIA G-TUBE EVERY 6 HOURS AS NEEDED FOR ANXIETY TRIPLICATE REQUIRED 12/10/08 R14565841 ACETAMINOPHEN 160MG/5ML ELIXIR 20 MLS (640MG) VIA PEG TUBE EVERY 4 HOURS AS NEEDED FOR PAIN OR TEMP >100.5 ***(STOCK)*** ** CAUTION - APAP MAX DOSE 4GM/24HRS 10/02/08 R14296040 IPRATROPIUM BROM (62.5ML/BOX) O. 2MG/1ML SOLUTION 1 UNIT DOSE VIA NEBULIZER EVERY 4 HOURS FOR COPD 10/02/08 R14577538 ALBUTEROL 0.083% (75ML/BOX) O. 83MG/1ML SOLUTION PREPARED BY: _____ DATE: ___ TIME: __ PICKED UP BY: ____ DATE: ___ TIME: __ 1 UNIT DOSE VIA NEBULIZER EVERY 4 HOURS AS NEEDED FOR WHEEZING VERIFIED BY: __ DATE: ___ TIME: __ DATE: VERIFIED BY: TIME: NURSE'S REVIEW: 10/02/08 R14354813 TIME: PROSTAT 101 30ML IN 30ML WATER VIA G-TUBE THREE TIMES DAILY FOR HYPOALBUMIN Signature THIS PRESCRIPTION WILL BE FILLED GENERICALLY 01/21/08 A4916106 UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW

Dispense As Written

DIAGNOSIS / ICD9 CODE RESP FAILURE, COPD, AFIB, HYPOTHYROIDISM, VDRF

NO KNOWN ALLERGIES

ALLERGY

REVIEW DATE 02/09/09

02/01/09

PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER MARTIN KLAHR (BK0701157) 718-447-7800 3109 HYLAN BLVD2, STATEN ISLAND, NY, 10306

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PHYSICIAN'S ORDER FORM

KARRON, MARION (363)

FACI 'TY

PHARMACY

SILVER LAKE VENT | SHORE PHARMACEUTI

10/02/08

An Omnicare Com

RESIDENT NAM	ME & MEDICAL RECORD #	UNIT	ROOM	BED	DATE OF BIRTH	SEX	DATE OF ADMISS
KARI D/C	RON, MARION (363) MEDICATION ORDERS	137	130	A	06/06/30 IER ORDERS	F	10/02/0
	GTUBE FEEDS OF PERATIVE 250ML Q4H WITH H2D FLUSH OF 300ML Q4H ON ENTERAL PUMP AT 95ML/HR TOTAL CALORIES: 1950 TOTAL ML: 2400ML 3300 CC. POSITION SEMI FOWLERS REASON: NUTRITIONAL SUPPORT			Offi	ET OTBETO		
Transe	11/17/08 A49161 SILVER SULFADIAZINE 17. CREAM (S/F: SILVADENE) ETER NORMAL SALINE WASH APPLY SACRUM EYERY SHIFT FOR STG-2	то					
	10/02/08 R143001	.87					
02/06/09	SILVER SULFADIAZINE 1% CREAM (S/F: SILVADENE) CLEANSE SACRUM WITH NORMAL SALI AND APPLY CREAM TO ULSER BORDER WITH WET TO MOIST DRESSING AND COVER WITH PROTECTIVE DRESSING EVERY SHIFT FOR 28 DAYS	RNE RS					
	01/09/09 R146774 FLEET 19G-7G/118 ENEMA INSERT 1-ENEMA RECTALLY EVERY 3		-PARED RY	/.	η Δ.Τ.Ε.		TIME
\vee	DAYS AS NEEDED IF NO BOWEL MOVEMENT(S) ***(STOCK)***	PIC VER	KED UP E	3Y: /:	DATE: DATE: DATE:	***************************************	TIME: _
	D2 SAT WITH VENTILATOR MONITORING AND PRN	A A		RESCRIBER W	VILL BE FILLED GEN RITES "daw" IN THE		
	DIAGNOSIS/ICD9 CODE LURE, COPD, AFIB, DTHYROIDISM, VDRF	DWN ALLE	ALLE ERGIES	RGY		-	REVIEW DATE 02/09/09 02/01/09
			PHONE NUMBER		ER 3-447-7800		
					3-44/-/800 _AND, NY, 1	0308	ź
RESIDENT NAME				DMITTEL			PAGE

PHYSICIAN'S ORDER FORM

SILVER LAKE VENT

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RESIDENT NA	ME & MEDICAL RECORD #	UNIT	ROOM	BED	DATE OF BIRTH	SEX	DATE OF ADMISS
KAR	RON, MARION (363)	1 BV	130	A	06/06/30	F	10/02/0
D/C	MEDICATION ORDERS			OTH	IER ORDERS		
	ETCO2 GM AND PRN						
	TRACH CARE QS AND PRN						
	TRACHEAL SUCTIONING QS AND PRN						
V	CHANGE INNER CANNULA QD AND PRN						
	PMV WITH FAMILY ONLY						
	RESPIRATORY:						
V	VENTILATOR SETTINGS: VT: _500	PI(VEF VEF	EPARED B CKED UP I RIFIED B RIFIED B RSE'S RE	BY: Y: Y:	DATE: DATE: DATE: DATE:	***********	TIME: TIME: TIME: TIME: TIME:
	QS AND PRN						1 1
	Secral alcer washe NS hen 1/4 Dakens & NSSOLUT AS TO WELLE E 30 DEN WON UNASYN 1,56m IVPB Q 120 X 10 days till INFLOTED LACRAL DECULS LURE, COPD, AF IB, OTHYROIDISM, VDRF	MALLE MN ALLE	UNLESS PI	RESCRIBER W	VILL BE FILLED GEN RITES "daw" IN THE	BOX I	
							02/01/09
	MARTIN	KLAHR		157) 718	ER 3-447-7800 _AND, NY, 1	030	6

PLEASE, USE BALLPOINT PEN ONLY! PRESS FIRMLY



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Please place a checkmark in the box marked <u>Faxed</u> to indicate that the order was faxed to the Pharmacy. For tracking purposes please indicate the time the order was faxed.

INTERIM PHYSICIAN'S ORDERS F	FORM		
PATIENT'S NAME:		ALLERGIES:	
LAST LEYRON. FIRST M	arion M	More	
FACILITY:	ROOM #:	DOOTODIONIANE	
52500	2404	Klahr	
PHYSICIAN TO INDICATE DRUG NAME, DOSAGE, FF WHEN BRAND NAME REQUIRED-INDICATE IN WRIT		SARY!"	NURSING PERSONNEL SIGNATURE
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NAME-PRINT UNLESS PRESCRIBER WRITES DATE TIME	DISPENSE ASWRITTEN	SIGNATURE	DATE
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RESPIRATORY ORDERS SILVER LAKE VENT UNIT NO PAGE NO. UNIT/RODM/PED MED RECORD 7 RESIDENT'S NAME JBV JUSA DELIVERY DATE: 15354 Carron Marion START DAVE EDICATION ORDERS RESPIRATORY VENTILATOR SETTINGS: VT: 500 RR: 76 VT: 500 MODE: Ac OTHER: O2 SAT WITH VENTILATOR MONITORING AND PRN ETCO2 QM AND PRN SEE RESPIRATORY FLOW SHEETS ABG'S TRACH/CARE QS AND PRN TRACHEAL SUCTIONING QS AND PRN JRAL PHARANGEAL SUCTIONING QS AND PRN CHANGE INNER CANNULA OD AND PRN ALBUTERAL 1 UNIT DOSE VIA NEBULIZER O4H PRN FOR WHEEZING ATROVENT I UNIT DOSE VIA NEBULIZER Q4 H FOR COPD PICKED UPBY: REVIEWED BY DATE: TIME:

REVIEWED BY :

DIAGNOSIS

PHYSICIAN'S PHONE

7-9000

ALLERGIES

PHYSICIAH

DATE:

I CERTIFY THE ABOVE NAMED RESIDENT IS IN NEED OF CONTINUED (NF) CARE. [
MD SIGNATURE: DATE:

PRESCRIPTIONS FILLED GENERICALLY UNLESS PRESCRIBER WRITES "DAW" IN BOX BELOW

DAW

HURSE'S REVIEW

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PHYSICIAN ORDERS - PRESSURE AREA PROTOCOLS Marin Room #: 245A Resident Name (V) // 17

Pressure Area Protocol	
STAGE I Cleanse (site): with 0.9% normal saline, pat dry an apply moisturizing lotion around red area every shift and prn.	10
 STAGE II * Cleanse (site): with 0.9% normal saline, pat dry Apply Hydrocolloid dressing.	
☐ STAGE III÷ Cleanse (site): with 0.9% normal saline	
☐ A. Wound clean and no necrosis ☐ Apply Hydrogel/Transigel dressing to wound bed & cover with border pad/coversite dressing. Change dressing qd x4 weeks then reeval. ☐ B. Wound wet, drainage clean and no necrosis ☐ Apply Alginate dressing and cover with bordered pad/coversite. Change dressing O.D. for 4 weeks and re-evaluate.	
 C. Necrosis present Apply santyl/curasalt dressing (for debridement) with bordered pad/coversite O.D. for 4 weeks and re-evaluate. 	
STAGE IV * Cleanse (site): with 0.9% normal saline OA. Clean and no necrosis Apply zinc oxide cream to ulcer borders with wet to moist dressing and cover with protective dressing q shift x 4 weeks or/bordered pad/coversite O.D. x 4 weeks. OB. Necrosis is present Apply santyl/curasalt (for debridement) with bordered pad/coversite	Control .
O.D. for 4 weeks and re-evaluate.	
☐ Baseline serum albumin. Repeat every 3 months. ☐ # Berocca Plus Tabs 1 O.D – po ☐ MVI with minerals 15cc via GT	
M.D. Signature: Date: Date: 20009	
Original Copy Chart Copy to Pharmacy Copy to Supplies	

SILVER LAKE SPECIALIZED CARE CENTER

PHYSICIAN ORDERS – PRESSURE AREA PROTOCOLS :

	Resident Name: MUSTAN M	Room#: ZUJA	
	Pressur	re Area Protocol	
	· · · · · · · · · · · · · · · · · · ·		
	Cleanse (site):apply moisturizing lotion aro	with 0.9% normal saline, pat o	lry and
	Change every seven day occurs or a foul odor. (F	with 0.9% normal saline, pat desired. Apply Foam adhesive dresses. Replace/remove pro if dislodged if breakouters use hydrocol sacral)	
	DSTAGE III + Cleanse (site): PShi	with 0.9% normal saline	
	pad/coversite dressi B. Wound wet, drainage clean as Apply Alginate dres	ransigel dressing to wound bed & cover with bing. Change dressing qd x4 weeks then reeval.	
	C. Necrosis present		
		It dressing (for debridement) with bordered for 4 weeks and re-evaluate.	
	O STAGE IV * Cleanse (site):	with 0.9% normal saline	
		eam to ulcer borders with wet to moist dressing dressing q shift x 4 weeks or/bordered	g and
	CB. Necrosis is present	T .	
	🗖 Āpply santyl/curasal	It (for debridement) with bordered pad/coversit	te
*	O.D. for 4 weeks and	d re-evaluate.	
	☐ Baseline serum albumin. Repeat every 3 months. ☐ # Berocca Plus Tabs 1 O.D – po ☐ MVI with minerals 15cc via GT		· .
	M.D. Signature:	Date:	î
	Nurse Signature: POQ Oboccu	Date: 2 20 0 9	
		- <u>-</u>	
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SILVER LAKE SPECIALIZED CARE CENTER

PHYSICIAN ORDERS – PRESSURE AREA PROTOCOLS

	Resident Name: Markon / M	Room#: 20011
	Pressure Area	Protocol
	Constrained for the Constrained Agency of th	•
	Cleanse (site):apply moisturizing lotion around red	with 0.9% normal saline, pat dry and l area every shift and prn.
	STAGE II * Cleanse (site):	with 0.9% normal saline, pat dry Apply Foam adhesive dressing ace/remove prn if dislodged if breakout al ulcers use hydrocol sacral)
	☐ STAGE III÷ Cleanse (site):	with 0.9% normal saline
	pad/coversite dressing. Cha	d cover with bordered pad/coversite. Change
	C. Necrosis present Apply santyl/curasalt dressi pad/coversite O.D. for 4 we	and the second s
	NA. Clean and no necrosis	alcer borders with wet to moist dressing and ng q shift x 4 weeks or/bordered
T .	OB. Necrosis is present	bridement) with bordered pad/coversite
	☐ Baseline serum albumin. Repeat every 3 months. ☐ # Berocca Plus Tabs 1 O.D – po ☐ MVI with minerals 15cc via GT	*
	M.D. Signature: Nurse Signature:	Date: 2120 0 9
	Original Copy Chart Copy to	Pharmacy Copy to Supplies



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INTERIM PHYS	SICIAN'S ORDERS FORM	
PATIENT'S NAME:	4	ALLERGIES:
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FACILITY:	ROOM #:	DOCTOR'S NAME
	SLSCG 345A	Klahs
H .	ATE DRUG NAME, DOSAGE, FREQUENCY AND ROUTE / FORM REQUIRED-INDICATE IN WRITING "BRAND MEDICALLY NECES	SSARY!" NURSING PERSONNEL SIGNATURE
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Curosalt [] ADMISSION [] READMISSION SILVER LAKE VENT UNII 🔀 YES [] NO PAGE NO. #DIGATION ORDERS DELIVERY DATE:
DNR: YES []NO START DATE: monhospitalDNR DIET: NPO DX: Contact on MYSA mer astalora ACTIVITY LEVEL: OO t Son 3/6+3 (AMBULATION: mon amb som esolali SAFETY RESTRAINTS: - NONCE other orline 200 mg SIDE RAILS: 00580 20 mg P 59 QD myal val Depressu FLOOR PROGRAMS: PROM to 5 leps predmoone 10 mg peg QD PODIATRY CARE: Q2-3months DIAGNOSTIC TESTS: (LAB, XRAYS, EKG) prevecial solutab 30 mg weekle wito VIS QDO Senna Habs PER QAS 3m depression due 5/09 100 mg peg QI DATE: 3/5/01 PICKED UP BY: REVIEWED BY TIME: 34 Supplement DATE 3/860 TIME: REVIEWED BY DATE: TIME: motorpiclol 25mg PER Q124 I CERTIFY THE ABOVE NAME RASE ENT IS IN NEED OF CONTINUED (NF) CARE. [MD SIGNATURE PRESCRIPTIONS FILLED GENERICALLY UNLESS PRESCRIBER WRITES "DAW" IN BOX BELOW isteres Calcum 200m

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SILVER LAKE

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PRYSICIAN'S PHONE

HURSE'S REVIEW

PHYSICIAN

PLEASE! USE BALLPOINT PEN ONLY! PRESS FIRMLY





An Omnicare Company

Please place a checkmark in the box marked Faxed to indicate that the order was faxed to the Pharmacy. For tracking purposes please indicate the time the order was faxed.

INTERIM PHYSICIAN'S ORDERS FORM	
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SILVER LAKE SPECIATIZED CARE CENTER

PHYSICIAN ORDERS - PRESSURE AREA PROTOCOLS
Resident Name: Karron, Marion Room #: 240A
Pressure Area Protocol
STAGE I Cleanse (site): with 0.9% normal saline, pat dry and apply moisturizing lotion around red area every shift and prn.
STAGE II * Cleanse (site): with 0.9% normal saline, pat dry Apply Hydrocolloid dressing.
☐ STAGE III÷ Cleanse (site): with 0.9% normal saline
☐ A. Wound clean and no necrosis ☐ Apply Hydrogel/Transigel dressing to wound bed & cover with borders pad/coversite dressing. Change dressing qd x4 weeks then reeval. ☐ B. Wound wet, drainage clean and no necrosis ☐ Apply Alginate dressing and cover with bordered pad/coversite. Change dressing O.D. for 4 weeks and re-evaluate.
C. Necrosis present Apply santyl/curasalt dressing (for debridement) with bordered pad/coversite O.D. for 4 weeks and re-evaluate.
STAGE IV = Cleanse (site): R hyp with 0.9% normal saline
Apply zinc oxide cream to ulcer borders with wet to moist dressing and cover with protective dressing q shift x 4 weeks or/bordered pad/coversite O.D. x 4 weeks. Necrosis is present Apply santyl/curasalt (for debridement) with bordered pad/coversite O.D. for 4 weeks and re-evaluate.
Baseline serum albumin. Repeat every 3 months. #Berocca Plus Tabs 1 O.D - po MVI with minerals 15cc via GT
M.D. Signature: Date: 3//8/09
Nurse Signature: DO O Do LLO Date: 3 18 09 Original Copy ChartCopy to PharmacyCopy to Supplies



An **Omnicare** Company

Please place a checkmark in the box marked <u>Faxed</u> to indicate that the order was faxed to the Pharmacy. For tracking purposes please indicate the time the order was faxed.

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FAC PHARMACY PHYSICIAN'S ORDER FORM SHORE PHARMACEUTI SILVER LAKE VENT RESIDENT NAME & MEDICAL RECORD # DATE OF BIRTH ROOM BED SEX DATE OF ADMI: UNIT MARRON, MARION (363) 28 V 06/06/30 10/02/0 240 MEDICATION ORDERS OTHER ORDERS START DATE DELIVERY DATE BLOOD PRESSURE AND WTS EVERY WEEK ADVANCE DIRECTIVES: **DO NOT RESUSCITATE** 02/19/09 A4916101 FERROUS SULFATE 220(44)/5ML NON HOSPITAL **DO NOT RESUSCITATE** ELIXIR 7.5 MLS VIA PEG TUBE EVERY 24 DIET: HOURS FOR ANEMIA NPO; PERATIVE VIA PEG TUBE 02/23/09 R14847016 ACTIVITIES: LEVOTHYROXINE SODILM 200MCG OUT OF BED TO RECLINER AS TOLERATED TABLET (S/F: SYNTHROID) 1 TAB CRUSH AND GIVE VIA PEG TUBE AMBULATION: EVERY 24 HOURS **SEPARATE 2 HOURS MON AMBULATE FRUM CALCIUM** 02/23/09 R14888101 THERAPY: PAROXETINE 20MG TABLET PT ANNUAL 3-9 1 TAB CRUSH AND GIVE VIA PEG TUBE EVERY 24 HOURS FOR DEFRESSION DT ANNUAL 3-9 ST. ANNUAL 3-9 02/23/09 R14888105 PREDMISONE 10MG TABLET FLOOR PROGRAMS: 1 TAB CRUSH AND GIVE VIA PEG TURE PENDING EVERY 24 HOURS FOR GERD YEARLY H&P DUE 3-10 CBC, BMP Steel guine, T3 TY TEH Q3 pros 02/23/09 R14888107 PREVACID SOLUTAB SOME TAB RAP DR PREPARED BY: Gody DISSULVE 1 TAB IN WATER AND GIVE DATE: TIME: PATE: 3/26 VIA PEG TUBE EVERY 24 HOURS FOR TIME: VERIFIED BY: / GERD TIME /K VERIFIED BY: TIME: 02/23/09 R14888110 NURSE'S REVIEW TIME: SENNA TABLET 2 TABS CRUSH AND GIVE VIA PEG TUBE EVERY 24 HOURS FOR CONSTIPATION THIS PRESCRIPTION WILL BE FILLED GENERICALLY 02/23/09 R14847005 UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW VITAMIN B-1 100MG TABLET (S/F) THIAMINE) 1 TAB CRUSH AND GIVE VIA PEG TUBE EVERY 24 HOURS FOR SUPPLEMENT Dispense As Written

02/23/09 R14808112 DIAGNOSIS / ICD9 CODE

CONTINUED NEXT PAGE

RESP FAILURE, COPD. AFIB. HYPOTHYROIDISM, ANEMIA,

OSTEOPOROSIS, ARTHRITIS

NO KNOWN ALLERGIES

REVIEW DATE 03/26/09

03/24/09

PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER

JOHN D. MCCARTHY (BM6739734) 718-668-9300

ALLERGY

1776 RICHMOND RD SUITE 5, STATEN ISLAND, NY,

RESIDENT NAME

PHARMACY FAC! PHYSICIAN'S ORDER FORM SILVER LAKE VENT SHORE PHARMACEUTI An Omnicare Co. RESIDENT NAME & MEDICAL RECORD # DATE OF BIRTH UNIT ROOM SEX DATE OF ADMIS BED 28 V 06/06/30 10/02/0 KARRON, MARION (363) 240 D/C MEDICATION ORDERS OTHER ORDERS CBC, CMP, STOOL QUIAC EVERY 3 MONTHS 4-0 CERTAVITE MULTI VIT + MINERALS LIQUID 15 MLS VIA G-TUBE DAILY FOR T3, T4, TSH EVERY 3 MONTHS 4-9 NUTRITION RESTRAINTS: 02/23/09 R14847023 NONE CITRUS CALCIUM 200MS TABLET 2 TABS CRUSH AND GIVE VIA PEG SIDERAILS: TUBE TWICE DAILY FOR OSTEOPOROSIS 2 1/2 SIDERAIL(S) UP FOR TURNING AND / SUPPLEMENT POSITIONING 02/23/09 R14888L25 PODIATRY: HEPARIN SODIUM 5000 UNITS/ML VIAL EVERY 2-3 MONTHS FOR MYCOTIC NAILS INJECT IML (5000UNITS) SUBCUTANEOUSLY EVERY 12 HOURS FOR DVT PROPHYLAXIS 02/23/09 R14888135 METOPROLOL 25MG TABLET 1 TAB CRUSH AND GIVE VIA PEG TUBE EVERY 12 HOURS FOR ATRIAL FIBRILLATION 02/23/09 R14888116 DXYCODONE/APAP 5MG/325MG TABLET (S/F: PERCOCET) 1 TAB CRUSH AND GIVE VIA G-TUSE EVERY 8 HOURS ** CAUTION - APAP MAX DOSE 4GM/24HRS ** TRIPLICATE REQUIRED PREPARED BY: DATE: TIME: PICKED UP BY: Gock DATE:3/26 TIMES VERIFIED BY: DATE: 3240 VERIFIED BY: DATE: TIME: 03/06/09 R14887394 MURSE'S REVIEW: ____ TIME: PROSTAT 101 LIQUID 30 MLS VIA G-TUBE THREE TIMES DAILY FOR HYPOALBUMIN THIS PRESCRIPTION WILL BE FILLED GENERICALLY 02/23/09 R14847025 UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW ACETAMINOPHEN 160MG/5ML ELIXIR 20 MLS VIA G-TUBE EVERY 4 HOURS AS NEEDED FOR PAIN OR TEMP 0100.5 ** CAUTION - APAP MAX DOSE Dispense As Written 4GM/24HRS ** 02/23/09 R14847026 DIAGNOSIS / ICD9 CODE ALLERGY REVIEW DATE PESP FAILURE, COPD, AFIB, NO MNOWN ALLERGIES 03/26/09 HYPOTHYROIDISM, ANEMIA, OSTEOPOROSIS, ARTHRITIS 03/24/09

RESIDENT NAME

PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER

PHYSICIAN'S ORDER FORM

FAC! Y SILVER LAKE VENT PHARMACY

SHORE PHARMACEUTI

An Omnicare Com

RESIDE	NT NAME & MEDICAL RECORD #	UNI	IT	ROOM	BED	DATE OF BIRTH	SEX	DATE OF ADMISS		
	MARRON: MARION (363)	28V	28V 240 A 06/06/30		F	10/02/08				
D/C	MEDICATION ORDERS				OTH	IER ORDERS				
	O. 2MG/1ML SOLUTION 1 UNIT DOSE VIA NEBULIZER EVERY HOURS FOR COPD	4								
	02/23/09 R146837	92								
	ALBUTEROL O. 083% (75ML/BOX) O. 83MG/1ML SOLUTION 1 UNIT DOSE VIA NEBULIZER EVERY HOURS AS NEEDED FOR WHEEZING									
]	PROSTAT 101 30ML IN 30ML WATER VIA G-TUBE THREE TIMES DAILY FO									
	PROSTAT 101 SOML VIA 9-TUBE THE TIMES DAILY FOR HYPPALBUMIN									
	02/19/09 A50690	17.67.0								
	GTUBE FEEDS OF PERATIVE	/ (4.7 ")								
	250ML 94H WITH H2D FLVSH									
	OF 150ML G4H ON ENTERAL PUMP AT 95ML/HR TOTAL CALORIES: 1950 TOTAL ML: 3300ML									
	POSITION SEMI FOWLERS							NAMES AND STREET		
	REASON: NUTRITIONAL SUPPORT		PICK VERI VERI	FIED BY	BY: Gock Y: J& Y:	DATE DATE	: 3/2	TIME: 6 TIME:5 lay TIME:1/2 TIME:		
	GTUBE TEEDS OF PERATIVE	.08	NURS	E'S RE	VIEW:	2/2/2/2/2/	7/01	TIME:		
	250ML GAH WITH H20 FLUSH OF 100ML 34H ON ENTERAL PUMP AT 95ML HR TOTAL CALORIES 19.50			TI HE DD	Signature	VILL BE FILLED GI	Date: _	ALL V		
	TOTAL ML: 330002 POSITION (SMI TOWLERS) REASON: NOTRITIONAL SUPPORT			UNLESS P	ESCRIPTION V	RITES "daw" IN TH	E BOX	BELOW		
	HOLD 2000 FEEDING				Disp	ense As Written				
		031								
LJ ka mes	DIAGNOSIS / ICD9 CODE	11161 ^	1 4 Armitect		ERGY			REVIEW DATE		
rush'	FAILURE, COPD, AFIB, HYPOTHYROIDISM, ANEMIA, OSTEOPOROSIS, ARTHRITIS	1MIA ₩	rille, ti fr	With				03/26/09		
	OLIVOIO A	I'O NIANIT	TELED:	JONE MUNDS	D O DEA MILLIO	ED		03/24/09		
					R & DEA NUMB 4739734	ER) 719-669-	7300			
						TATEN ISLA				
RESIDE	NT NAME			ą.	ADMITTE) RESIDENT #		PAGE		



PHYSICIAN'S ORDER FORM

FACI Y SILVER LAKE VENT PHARMACY

SHORE PHARMACEUTI

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BESIDENT NAME & MEDICAL RECORD # UNIT ROOM DATE OF BIRTH DATE OF ADMIS KARRON, MARION (363) PRV 240 A 06/06/30 10/02/0 MEDICATION ORDERS OTHER ORDERS D/C CLEANSE G-TUBE WITH NS & APPLY MYLANTA QS AND PRN 02/19/09 A5069032 CHANGE IRRIGATION SET ACCORDING TO NURSING HOME POLICY. 02/19/09 A5069033 REINSERT FOLKY CATHETER > FOUND OUT IN THE MORNING #18FR 03/10/09 A5084325 03/27/09 BACITRACIN 500 UNIT/G DINT. (GM) BOTH ARMS N/S WASH FOLLOWED BY BACITRACIN DINT WITH DRESSING DAILY FOR 21 DAYS ***(STOCK)*** solved! 03/06/09 R14888571 CLEANSE LT LOWER LEG WITH MORMAL SALINE FOLLOWED BY BACITRACIA DINTMENT WITH DRESSING THICE DAILY 03/11/09 A5084378 CLEANSE RIGHT HIP WITH NORMAL SALINE FULLOWED BY NORMAL SALINE PREPARED BY: DATE: TIME: WET TO MOIST AND COVER WITH PICKED UP BY: GOCH DATE: 3/26 TIME:3. PROTECTIVE DRESSING REWET EVERY VERIFIED BY: DATE: 3 MOST IME:// SHIFT WITH ZN PERI WOUND VERIFIED BY: DATE: TIME: 03/06/09 A5079169 MURSE'S REVIEW: CLEANSE SACRUM STG IV. PROTOCOL WITH MORMAL SALINE FOLLOWED BY WET TO MOIST AND COVER WITH PROTECTIVE DRESSING REWET EVERY SHIFT WITH ZN PERI WOUND THIS PRESCRIPTION WILL BE FILLED GENERICALLY 03/06/09 A5079171 UNLESS PRESCRIBER WRITES "daw" IN THE BOX BELOW SILVER SULFADIAZINE 1% CREAM (S/F: SILVADENE) APPLY TO LEFT HIP AFTER NORMAL SALINE SOLUTION CLEANSING EVERY Dispense As Written SHIFT AND COVER WITH DRESSING 03/23/09 R14954596 DIAGNOSIS / ICD9 CODE ALLERGY REVIEW DATE RESP FAILURE, COPD, AFIB, NO KNOWN ALLERGIES 03/26/09 HYPOTHYROIDISM, ANEMIA, OSTEOPOROSIS, ARTHRITIS 03/24/09 PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER

RESIDENT NAME

JOHN D. MCCARTHY (BM6739734) 718-668-9300

NIV.

1776 RICHMOND RD SUITE 5, STATEN ISLAND,

ADMITTED RESIDENT # 10300 PAGE 4 OF

PHYSICIAN'	S	FAC! Y		_	PHARMACY					
ORDER FOR	or the control of the	SILVER LA	AKE VEW	1	SHORE PH	ARMACEU	UTI		An	Omnicare Co
RESIDENT NAME &	MEDICAL RECORD #			UNIT	ROOM	BED	DATEC	F BIRTH	SEX DA	TE OF ADMI:
KARROI	MARION (360			287	240	1,1	06/08		F 10	/02/0
1	MEDICA LEET 19G-7G/1: RECTALLY EVER EEDED IF NO BC	RY GRD DAY				OT	HER ORDE	:HS		
		02/23/09 1	R148470	27						
	OLEY CATHETER ND AS NEEDED									
4		02/19/09	A50590	0.1						
		9E/17/97	muvusv							
V)	ESPIRATORY: ENTILATOR SET T: _500	1 6 02:3 0 -4 0 %.								
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TI	RACHEAL SUCTIO	NING QS AI	ND FRM		UNLESS I	,	pense As Wr		DUA BEL	OW
HYPOTH	DIAGNOSIS/ICD9 CODE RE, COPD, AFIB, HYROIDISM, ANEM PORCSIS, ARTHRI		NO KNO	WN ALL	ERGIES	ERGY			03	REVIEW DAT 726/05
RESIDENT NAME			JOHN D	. MCCA		6739734 TE 5, S ADMITTE	718- STATEN D RE		300	1030 PAGE
KARROI	W. MARION (360	3)				10/02/0	8			5 OF

PHYSICIAN'S	FAC! Y	PH	HARMACY				
ORDER FORM	SILVER LAKE VI	ENT	HORE PHA	ARMACEUT	Т	William Street	An Omnicare C
RESIDENT NAME & MEDICAL RECORD #		UNIT	ROOM	BED	DATE OF BIRTH		DATE OF ADMI
KARRON MARION (3	43)	287	240	A	06/06/30	1	10/02/0
	CATION ORDERS			OTH	ER ORDERS		
GD AND PRN	CANNULA						
PMV WITH FAMI	LY ONLY						
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ORAL PHARANGE OS AND PRN	AL SUCTIONING						
Surgical hip dela	eval (R)						
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				Λ		Date: _	
,					VILL BE FILLED GE RITES 'daw" IN THI		
				Dise	ense As Written		
				Dispo	ense was withou		
DIAGNOSIS / ICD9 COD RESP FAILURE, COPD, AFIB HYPOTHYROIDISM, AN OSTEOPOROSIS, ARTH	, NO KI	NOWN ALLE	ALLE ERGIES	RGY			REVIEW DA

PHYSICIAN'S NAME, TELEPHONE NUMBER & DEA NUMBER

JOHN D. MCCARTHY (BM6739734) 718-668-9300 1775 RICHMOND RD SUITE 5, STATEN ISLAND, NY, 1030

RESIDENT NAME

RARRON, MARION (363)

ADMITTED

RESIDENT #

PAGE

10/02/08

6 OF

03/24/09

SILVER LAKE SPECIALIZED CARE CENTER

PHYSICIAN ORDERS – PRESSURE AREA PROTOCOLS	*
Resident Name: <u> Carron marlon</u> Room #: 240 A	
Pressure Area Protocol	
STAGE I Cleanse (site): with 0.9% normal saline, pat dry an apply moisturizing lotion around red area every shift and pm.	d
STAGE II * Cleanse (site): with 0.9% normal saline, pat dry Apply Hydrocolloid dressing.	
☐ STAGE III÷ Cleanse (site): with 0.9% normal saline	
☐ A. Wound clean and no necrosis ☐ Apply Hydrogel/Transigel dressing to wound bed & cover with border pad/coversite dressing. Change dressing qd x4 weeks then reeval.	ed
B. Wound wet, drainage clean and no necrosis Apply Alginate dressing and cover with bordered pad/coversite. Change dressing O.D. for 4 weeks and re-evaluate.	е
C. Necrosis present Apply santyl/curasalt dressing (for debridement) with bordered pad/coversite O.D. for 4 weeks and re-evaluate.	
TSTAGE IV = Cleanse (site): 2 4 1 with 0.9% normal saline	
A Clean and no mecrosis Apply zinc oxide cream to ulcer borders with wet to moist dressing and cover with protective dressing q shift x 4 weeks or/bordered pad/coversite O.D. x 4 weeks.	
☐ B. Necrosis is present ☐ Apply santyl/curasalt (for debridement) with bordered pad/coversite O.D. for 4 weeks and re-evaluate.	·
O.D. 101 4 Weeks and 10-evaluate.	
Baseline serum albumin. Repeat every 3 months. Berocca Plus Tabs 1 O.D – po MVI with minerals 15cc via GT	
M.D. Signature: Date: 4//0/09	
Nurse Signature: MOON Date: 4170/04	
Original Copy Chart Copy to Pharmacy Copy to Supplies	

while inalma Milistair milder margine area montrante morning a read of res 1 15106

PLEASE! USE BALLPOINT PEN ONLY! PRESS FIRMLY





An **Omnicare** Company

Please place a checkmark in the box marked <u>Faxed</u> to indicate that the order was faxed to the Pharmacy. For tracking purposes please indicate the time the order was faxed.

INTERIM PHYSICIAN'S ORDERS FORM

INTERIM PHYSICIAN S ORDERS FORM	
PATIENT'S NAME: ALLERGIES:	
LAST MARION FIRST KARRON, MI NAME	
LAST MARION FIRST KARRON, MI NAME FACILITY: S2SCC ROOM#: DOCTOR'S NAME KLARK	,
PHYSICIAN TO INDICATE DRUG NAME, DOSAGE, FREQUENCY AND ROUTE / FORM WHEN BRAND NAME REQUIRED-INDICATE IN WRITING "BRAND MEDICALLY NECESSARY!"	NURSING PERSONNEL SIGNATURE
TIME 1 TO DI Keam Plalbow K	glig
NS wash @ olbow skin tear le	> 110 weel
by baculacin & Ose BIDX INCO	
Check here if faxed. Enter time.	AM PM :
THIS PRESCRIBER WRITES " d a w " IN THE BOX	
NAME-PRINT DISPENSE AS WRITTEN SIGNATURE DATE TIME	DATE
4/13/09 2 NF YZNS 1000 ec gizh x 48 hm.	
	4/13/09
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Taxed. Enter time.	
THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES " d a w " IN THE BOX DISPENSE AS WRITTEN SIGNATURE	9 DATE
DATE TIME 2	
(3)	
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THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES " d a w " IN THE BOX DISPENSE AS WRITTEN SIGNATURE	DATE
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								New Admiss. Ret. fr. bedhold	
		NURSI	NG ADMIS	SSION	ASSI	ESSME	NT		
1. HISTORY:	į.								, 119
Resident Name:	arron	Ma	crion	Rm :	#: 24	SA Me	d. Rec. #:_	15354 D	ate: 2/18/09
Date of Admission:		<u>/</u> Hou	r: <u>5pm</u>	<i>F</i>	Admitted	d From: _	SIUH	-N	
Means of Transport:			Ambulett			_		Other:	
Accompanied by: Attendant									
	Source of Information: Resident Family Transfer Data Other:								
Known Allergies:	_]Meds:	0	Food:	Specify		Other:			None known
Reason for Admission:_						ary Dx: M	eumonia	, VDRF CO	OPD, 8/omalnin
Secondary Dx /Condition							ection:		
Medication/Tx Regimen									Unknown
Medication consumed to	oday, prior	to Admiss	sion:						Unknown
One or more of abo									By I.V. route
Approximate hour of las	st meal tod	ay:	\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	Inknown	Last	BM:			Unknown
2. CLINICAL STATE	IS: AStal		⊒Unstable:			i	-	2010	11 10
2. CLINICAL STATU	Temp.	94.5	⊒ Fever	Pulse_	32	Resp	B/P	WI I 8Ht.S	11 Wt 18+
☐End-stage disease* On anticoagulant treatme									
Pain: No sx/symp									
									1
Frequency: Continuous Cource of: Exacerbation	nidous or n:	# 14	Alleviation	: MM	edication	Dercoc	275/323	Other:	od. Livila
3. <u>ADL STATUS</u> : (√) (Prior known level		Weeks	Prior to Admis	ssion				Current	
vs. current)	1		Der	pendent				Dep	endent
	Indepe	endent	Partial	Tota	al I		endent	Partial	Total
	Home	Hosp.	Home Hosp.	Home	Hosp.	Home	Hosp.	Home Hosp.	Home Hosp.
Bed Mobility					<u>X</u>				<u> </u>
Transfer Walking					_X				X
Dressing					×				
Locomotion					X				, X.
Eating					tube				tube
Toileting					X,				X
Groom/Hyg.					X				
Adaptive/Assistive Device	(s) in Use:	Cane	Walker W	V/C S	Splint/Bra	ace A	ating Device	e(s) Other	
Has potential to impro	ve:					lHx of falls in]Unsteady ga	past 30 days it	☐ Hx of falls in ☐ Hx of fx in	n past 31-180 days past180 days site:
Conditions impacting on function: C.P. M.S. Quadriplegia Hemiplegia Hemiparesis Eedfast all/most of time									
Balance Status: In	tact Impaired				Con	nment			
Standing									
Functional limitations: (ioir	ata)	Ri	ght			Let	t		Other

						1/					Nu	rsing A	dmiss.	Assmint
4. <u>CO</u>	NTINENCE	STATUS:	()	Nam	ne:	K	arr	un	1	1.		Date:	2/1	9/00
	Wks Prior to Admiss.						-	7						
		Home	Hosp.	Curren	t				ment					
Bowel:	Continent			□Always		☐ Has	regular	ity						
	Incontinent	and the second	300000000000000000000000000000000000000	□Occas.□ ix Always	Freq.									
Bladder:	Continent			Always		W/	catheter	16F	r					
	Incontinent			Occas.	Freq.	Str	ess e.g.,	w/snee				bling (d	verflov	v)
				□Always			ank (fund					er:		
Elim	ination Hx:	Bowel:	Constipation				Currer	IT		T 500		By Hx	noot t	4 days
		Has	Diarrhea								cai inipi	201101111	i pasi i	4 days
		regularity	Laxative Use		1	000	-00			-			-,	
				7 Tl 1	X	Sen	na			-				
			□ Colostomy (THE OWNER OF THE OWNER OWNER OF THE OWNER OWNE	20 PO THI PROPERTY.	business and the same of the s	Name of the Party	TO SHEET WATER				ngaloginos y ov	in Treas de la Constitución de l	
		Bladder:	Wears Incontin	ence Briefs		Indwellin	7	Untor	mittent	ln	Doot O	Mooke		
			Catheter in situ			External	19		apubic		Past 2	weeks		
5. CO	GNITIVE ST	ATUS: (√)V	Veeks Prior t	o Adı	mission					C	urrent		
	atose, in veg		Intac				Impair			Intac	et	11	mpaire	ed
unab	ole to assess.		Home	Hospital	1	Home		Hospita	al				1 0	
Orie	entation	Person			-	7		X				-	X	
		Place			-		_	\rightarrow	_	***************************************		-	X	
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-						пдтпу								
-	earing .				-				Þ	Aphasia		Unclea	r	None
-	eech	Understande	s	Usually	109	Sometime	s DATA	grely/Ne	1	Other: _				
Co	mmunication	Understood		Usually		Sometime		arely/Ne	ver					
Lai	nguage(s) sp	oken: Prir	nary:				Seco	ndary:						
Ad	laptive Senso	ry Devices:	Eyeglass □ Self-dons/dof	☐ Hear fs Regularl					Othe	r:				
	N STATUS:				•									
lr	ntact 💢 Im	paired (<i>indic</i>	ate below)	Hx of resolve	d ulc	ers in p	ast qua	arter	Sk	des des			2.50	
lf lm	paired:					Edomo)	Treat	ment		ii Pres	$(\sqrt{)}$ S		Ulcer,
	f Wound/Condit	on	Site Size (cm)	Drainag	e (Edema (V)	Surg. Care	Ulcer Care	w/ dress.	w/ unq	I	II	III	IV
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(0) 14	100-01-	n M.	lt. Skin t	MUNICATIONS, INC	C.for add	itional forms	call (519) 3	64-6675	in		#2050 R		07 Page	e 2 of 4
				Curs			E	John	11)	SKIN	TU	U		
(1) 1E	eg Z Mi	UT SC	42											

		Name	. Karroi	7 M.		_ Date: 2191	Nursing. Admiss. Assmnt.
	ORAL STATUS:		npaired		nments		
(√).	Gums Tongue	X	Deb	ris noted			
	Mucosa Dentition	X			- Avertina de la companyo		
		Upper Lower _	dentition impaired	, indicate: Caries	- Brok	en Teeth	Comment
	Dentures Partial		⊒Edentulous				Does not wish to use his/her dentures.
0	NUTRITIONAL ST	The same of the sa		□ N/G 😾	1. GД	THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWIND TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN	ula: Derative 2500ck
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			All	1/2		1/2	Comment
	If P.O., Pattern of Oral	Meals					20
	Consumption: (\checkmark)	Fluids		1	<u>}</u>	Rece	iving I.v. fluids for hydration
(Nour		11			
		Snacks		1			doma
	Known weight range	in past: 30	days 🗀 180 days	s: 115 V vs	current	wt □ 5% unplanr	ned gain unknown
10.	BEHAVIORALS	STATUS: (V, I	f applicable)		current	L 10% unplai	irled [] loss
	Aberrant Behavior:		n Current	Ву Нх	<u> </u>	Comr	nent
	Verbally Disrup	tive			- Wand	dering behavior	
	Physically Aggr	essive/ Disrupti	ve	X			Designative to core
	Socially Inappro	opriate			Other		Resistive to care
	Hallucinations	Delusions	Physical Re	estraint		Receivir	ng psychotropic med(s)
11.	PSYCHOSOCIA	L STATUS:	Intact	Impaired		Com	ment
	Interpersonal relat	ionships		1			
	Discharge expecta	ations: Resider	nt's:			Family's:	
12.	RISK FACTORS	PER ASSES	SMENT: (√)		Sec	ondary to:	
	At Risk for:	D " "	<u> </u>		-:	F96	Other Non-English speaking
	Communication	Deficit	Hearing		sion	Speech	1
	Contractures		Joint(s) Imm		D.1. (Has limitation(s)	
	Falls/Injury		1	daysS/	P hip fx		t Psych. meds
	Dehydration (Flu					Wt. Loss	
	Functional Dete	rioration	Physical res	-		Term. ill	
	Infection		Catheter	PIPI		Ostomy Site	
	Nutritional Defic		Tube Fed		t. Loss	Appetite	
	Pressure Ulcers	3	Bed/chairfa	st DEXI	sting P.U.'s		
	☐ Injury		☐ Non-Comp	liant Smoker		Oblivious to danger	Aberrant Behavior
	Pain		Wound/Ulc	er		S/P Surgery	
	Bleeding		Anti-Coagu	lant Tx		Blood dyscrasia	
	Adverse Drug F	Reaction (ADR)	9 or > Medi	cations		Psych. meds	
	Aspiration		☐ Dysphagia	₽G.	E.R.D.	Aspiration Hx	
	☐ Unsafe Wander	ing	☐ Wandering	Behavior		Elopement Hx	
13	. LEARNING N	IEED(S):			Res.]Fam. educ. prov	ided:
	. Initial NURSING		topic(s)	er assessment)	:		a Rough
		The same said	(p		Licensed	Nurse Signature/Title	RN Counter Sigl, if/as nec.

Activities of Daily Living (ADL's)

Name:

(How resident actually performs) ADL SUPPORT (S)2 SCALE: Past 7 days. (The highest level of support for each ADL even if ADL SELF-PERFORMANCE (SP) SCALE: (During PAST 7 DAYS) the support occurred only once) 0. No setup or physical help from staff. INDEPENDENT: Help or oversight provided only 1 or 2 times. 1. SUPERVISION: Oversight, encouragement or cuing provided 3+ times-OR-supervision 1. Setup help only. plus physical assistance provided 1 or 2 times. 2. One person physical assist. 2. LIMITED ASSISTANCE: Resident involved in activity; received (hands on help) in guided maneuvering of limbs or other non-weight bearing assistance 3+ times.- OR - more 3. Two or more persons physical assist. help provided only 1 to 2 times. 8. The ADL did not occur during the 3. EXTENSIVE ASSISTANCE: While resident performed part of activity, help of the following PAST 7 DAYS on any shift. type(s) was provided 3 or more times: · Weight-bearing support, staff hands on assistance during transfer/ambulation. Week #1 Week #2 · Full staff performance during part but not all of PAST 7 DAYS. from:_ from:_ 4. TOTAL DEPENDENCE: Full staff performance daily. to: to: 8. THE ADL DID NOT OCCUR; on any shift. SP1 S2 S2 SP1 ADL'S (excluding bathing) BED MOBILITY: How resident moves to and from lying position, turns side to side and positions body while in bed. TRANSFER: How resident moves between surfaces, to/from bed, chair, wheelchair, standing position. (Exclude to/from bath/toilet.) Mechanical lift used WALKING: How resident walks between locations in own room in corridor on unit How resident walks LOCOMOTION: How resident moves: in his/her room and on same floor. (If in w/c, self-sufficiency in chair,) to and from off-unit or distant locations on unit. DRESSING: How resident puts on, fastens and takes off all items of street clothing, including donning/ removing prosthesis. EATING: How resident eats and drinks (regardless of skill). TOILET USE: How resident uses toilet room or commode, bedpan, urinal; transfers on/off toilet, cleans, changes pad, manages ostomy or catheter, adjusts clothes. 1 = On a scheduled Toileting Program 2 = On a Continence Restoration Program PERSONAL HYGIENE: How resident maintains personal hygiene, including combing hair, brushing teeth, shaving, applying make-up, washing/drying face, hands and perineum. Exclude bath and showers BATHING BATHING SUPPORT (S4) SCALE: (Past 7 days) SELF PERFORMANCE (SP3) SCALE: (Past 7 days) (The highest level of support, even if support occurred only once) (How resident actually performs): 0. No setup or physical help from staff. 0. Independent: no help provided 1. Supervision - oversight help only 1. Setup help only. 2. Physical help limited to transfer only 2. One person physical assist. 3. Two or more persons physical assist. 3. Physical help in part of bathing activity 8. The ADL did not occur. 4. Total dependence 8. The ADL did not occur BATHING: How resident took full body bath, transferred in/out of tube/shower. (Exclude washing of back and hair.) SP1 = ADL Self Performance Scale SP2 = ADL Support Scale

SP3 = Bathing Self Performance Scale

Sp4 = Bathing Support Scale

(Nurse's Signature/Date)